

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Western District of Wisconsin
(State)

Case number (if known): 24-12061-cjf Chapter 11

☒ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name EatStreet, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 4 5 - 4 3 8 5 0 9 3

4. Debtor's address

| Principal place of business | Mailing address, if different from principal place of business |
|-----------------------------|--|
|-----------------------------|--|

44 E. Mifflin Street
Number Street

Suite 400

Madison WI 53703
City State ZIP Code

Dane
County

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL) www.eatstreet.com

Debtor EatStreet, Inc. Case number (if known) 24-12061-cjf
Name

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

7 2 2 3

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

Debtor EatStreet, Inc. Case number (if known) 24-12061-cjf
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____

District _____ When _____

MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State ZIP Code _____

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

☒ Funds will be available for distribution to unsecured creditors.

☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☒ 5,001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

Debtor EatStreet, Inc. Case number (if known) 24-12061-cjf
Name

15. Estimated assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/15/2024
MM / DD / YYYY

X



Signature of authorized representative of debtor

Steve Anastasi

Printed name

Title CEO/Authorized Person

18. Signature of attorney

X



Signature of attorney for debtor

Date 10/15/2024
MM / DD / YYYY

Justin M. Mertz
Printed name

Michael Best & Friedrich LLP
Firm name

790 N. Water Street, Suite 2500
Number Street

Milwaukee
City

WI 53202
State ZIP Code

414.225.4972
Contact phone

jmmertz@michaelbest.com
Email address

1056938
Bar number

WI
State

**ACTION BY UNANIMOUS WRITTEN CONSENT
OF THE BOARD OF DIRECTORS
OF
EATSTREET, INC.**

The undersigned, constituting all of the members of the Board of Directors (the “**Board**”) of **EATSTREET, INC.**, a Delaware corporation (the “**Company**”), pursuant to Section 141(f) of the Delaware General Corporation Law, hereby adopt the following resolutions by unanimous written consent effective as of October __, 2024:

1. BANKRUPTCY PETITION

WHEREAS, the Board has reviewed and had the opportunity to ask questions about the materials presented by the management and the legal advisors of the Company regarding the liabilities and liquidity of the Company, the strategic alternatives available to it and the impact of the foregoing on the Company’s businesses;

WHEREAS, the Board has had the opportunity to consult with the management and the legal advisors of the Company to fully consider each of the strategic alternatives available to the Company; and

WHEREAS, the Board deems it to be advisable and in the best interest of the Company, its stockholders, its creditors, and other parties in interest, for the Company to file a voluntary petition with the United States Bankruptcy Court (the “**Bankruptcy Court**”) seeking relief under the provisions of Chapter 11 of Title 11 of the United States Code.

NOW THEREFORE BE IT RESOLVED, that any officer of the Company (each, an “**Authorized Person**”), acting singly or jointly, be, and each hereby is, authorized, empowered, and directed, with full power of delegation, to negotiate, execute, deliver, file and perform, in the name of and on behalf of the Company, and under its corporate seal or otherwise, all petitions, schedules, motions, lists, applications, pleadings, orders and other documents (the “**Chapter 11 Filings**”) in the Bankruptcy Court (with such changes therein and additions thereto as any such Authorized Person may deem necessary, appropriate or advisable, the execution and delivery of any of the Chapter 11 Filings by any such Authorized Person with any changes thereto to be conclusive evidence that any such Authorized Person deemed such changes to meet such standard); and be it further

RESOLVED, that each Authorized Person is authorized and directed by the Board to appear in all Chapter 11 or related proceedings on behalf of the Company or designate such appropriate persons; and be it further

RESOLVED, that each Authorized Person, acting singly or jointly, be, and each hereby is, authorized, empowered, and directed, with full power of delegation, in the name of and on behalf of the Company, to take and perform any and all further acts and deeds that such Authorized Person deems necessary, appropriate, or desirable in connection with the Company’s chapter 11 case or the Chapter 11 Filings, including, without limitation, (i) the payment of fees, expenses and taxes such Authorized Person deems necessary, appropriate, or desirable, and (ii) negotiating, executing, delivering, performing and filing any and all additional documents, schedules, statements, lists, papers, agreements, certificates and/or instruments (or any amendments or modifications thereto) in connection with, or in furtherance of, the Company’s chapter 11 case with a view to the successful prosecution of such chapter 11 case (such acts to be conclusive evidence that such Authorized Person deemed the same to meet such standard); and be it further

RESOLVED, that the Company is authorized and directed to employ the law firm of Michael Best & Friedrich LLP to represent the Company as its bankruptcy and general counsel, and to employ other attorneys and professionals as may be necessary for the Company; and be it further

2. GENERAL AUTHORIZING RESOLUTIONS

RESOLVED, that the officers of the Company be, and each of them hereby is, authorized and directed, for and on behalf of the Company, to take any such further action and execute and deliver any such additional documents or consents as any such officer may find necessary or appropriate to carry out the purposes of the above resolutions; and be it further

RESOLVED, that all prior acts consistent with the purposes of the above resolutions done on behalf of the Company by any officer are ratified and approved as the proper acts and deeds of the Company.


[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the undersigned have executed this written consent of the Board as of the date first set forth above, which written consent may be executed in one or more counterparts, including by signature pages provided by electronic transmission, each of which shall be deemed an original, all of which shall constitute one and the same instrument. This action shall be filed with the minutes of the proceedings of the Board and shall be effective as of the date first above written.

DocuSigned by:

14B91381B94C481...
Steve Anastasi

DocuSigned by:

A31066B9158D45E...
Pieter Welten

Signed by:

1DF361743E2745E...
Greg Robinson

**WRITTEN CONSENT OF
THE PREFERRED STOCKHOLDERS
OF EATSTREET, INC.**

THE UNDERSIGNED, constituting the holders of at least a majority of the outstanding shares of Series C Preferred Stock, \$0.001 par value per share (the “**Series C Preferred Stock**”), Series C-1 Preferred Stock, \$0.001 par value per share (the “**Series C-1 Preferred Stock**”) and Series C-3 Preferred Stock, \$0.001 par value per share (the “**Series C-3 Preferred Stock**”) of EatStreet, Inc., a Delaware corporation (the “**Corporation**”), voting together as a single class (said holders being referred to in the Corporation’s Amended and Restated Certificate of Incorporation, dated February 23, 2022 (the “**Certificate of Incorporation**”) as the “**Required Investors**”), do hereby consent in writing, in accordance with the Delaware General Corporation Law and the Corporation’s Bylaws, to the adoption of the following resolutions with the same force and effect as if they had been approved at a duly convened meeting of the stockholders of the Corporation and direct that this written consent be filed with the proceedings of the stockholders of the Corporation, to be effective as of the earliest date set forth below:

Bankruptcy Petition

WHEREAS, given the Corporation’s current cash position and in furtherance of a continued effort to maximize return to its stockholders (the “**Stockholders**”), the Company’s board of directors (the “**Board**”) has deemed it in the best interests of the Corporation, the Stockholders, the Corporation’s creditors, and other interested parties that the Corporation file a voluntary petition (a “**Chapter 11 Petition**”) with the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code (collectively, the “**Bankruptcy Proceedings**”); and

WHEREAS, the Board has requested that the Required Investors authorize the Corporation to enter into the Bankruptcy Proceedings.

NOW, THEREFORE BE IT, RESOLVED, that the Corporation entering into the Bankruptcy Proceedings be, and it hereby is, approved in all respects; and be it further

RESOLVED, that the officers of the Corporation be, and each such officer hereby is, authorized, empowered and directed, in the name and on behalf of the Corporation, to execute and verify a Chapter 11 Petition and to direct the Corporation’s counsel to file such a Chapter 11 Petition at such time as the officer executing said Chapter 11 Petition shall determine; and be it further

RESOLVED, that the officers of the Corporation be, and each such officer hereby is, authorized, empowered and directed to execute and file such documents and schedules related to the Chapter 11 Petition, in the name and on behalf of the Corporation, including, without limitation, affidavits, statements of affairs, schedules of assets and liabilities and any other documents or certificates which may be necessary and appropriate in the opinion of the Corporation’s counsel; and be it further

RESOLVED, that the Corporation retain attorneys and other professionals to advise the

Corporation, including, without limitation, the law firm of Michael Best & Friedrich LLP as its counsel in the Chapter 11 proceeding, and that the officers of the Corporation be, and each such officer hereby is, authorized, empowered and directed to execute the applicable applications to appoint counsel and other professionals and to execute any other necessary or related documents and to provide and pay retainers to counsel and other appropriate professionals for compensation for services; and be it further

RESOLVED, that the officers of the Corporation be, and each such officer hereby is, authorized, empowered and directed, in the name and on behalf of the Corporation, to make, execute and deliver any and all instruments, papers, motions, verified statements, declarations, affidavits and documents and to do all other acts that each such officer may deem convenient or proper to effectuate the purpose and intent hereof; and be it further

RESOLVED, that the officers of the Corporation be, and each such officer hereby is, authorized, empowered and directed to take all such further action in the name and on behalf of the Corporation, as they in their sole discretion deem necessary, proper or advisable in order to carry out the essential intent to accomplish the full purpose of the foregoing resolutions and to fully perform the obligations of the Corporation contained in each of the documents delivered pursuant thereto.

General Authorization

RESOLVED, that the officers of the Corporation be, and each of them individually hereby is, authorized (i) to negotiate, execute and deliver to any person deemed appropriate by any such officer or officers, any and all certificates, agreements, instruments, documents, notes or undertakings of any kind or nature whatsoever to effect the intent and purposes of the foregoing resolutions, such certificates, agreements, instruments, documents, notes or undertakings to be in such form and to contain such terms and conditions as may be approved by any such officer or officers executing the same, the authorization and approval of the Corporation to be conclusively evidenced by any such officer's or officers' execution thereof, and (ii) to do and perform or cause to be done and performed all acts, deeds and things, in the name and on behalf of the Corporation or otherwise as such officer or officers may deem necessary or appropriate to effect the intent and purposes of the foregoing resolutions; and be it further

RESOLVED, that all actions previously taken by any director, officer, agent or attorney of the Corporation relating to the above resolutions and the transactions contemplated in connection therewith, are hereby adopted, ratified, confirmed and approved in all respects as the acts and deeds of the Corporation.

[Signature Pages Follow]

IN WITNESS WHEREOF, the undersigned stockholders of the Corporation, hereby voting the full number of shares held of record by them in the Corporation, have executed this Action by Written Consent and direct that this Action by Written Consent be filed with the minutes of the proceedings of the Corporation's stockholders. This Action by Written Consent may be signed in one or more counterparts, , including by signature pages provided by electronic transmission, each of which shall be deemed an original, and all of which shall constitute one and the same instrument.

4490 VENTURES, L.P.

By: 4490 Ventures GP, L.L.C.

Its: General Partner

By: 
Name: Gregory I. Robinson
Title: Managing Member

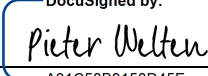
Dated: 10/10/2024

IN WITNESS WHEREOF, the undersigned stockholders of the Corporation, hereby voting the full number of shares held of record by them in the Corporation, have executed this Action by Written Consent and direct that this Action by Written Consent be filed with the minutes of the proceedings of the Corporation's stockholders. This Action by Written Consent may be signed in one or more counterparts, each of which shall be deemed an original, and all of which shall constitute one instrument.

PRIME IV HOLDING 12 B.V.

By: Prime Venture Partners IV B.V.
Its: Managing Director

By: Prime Technology Investment
Management B.V.
Its: Managing Director

By: 
Name: Pieter Welten
Title: Partner

Dated: 10/10/2024

ASSETS

Checking/Savings

[illegible]

| | | | | | | | | |
|----------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Total 10000 Bank Accounts | \$2,698,990 | \$2,416,527 | \$2,456,832 | \$2,896,370 | \$2,205,300 | \$2,028,221 | \$2,035,825 | \$1,615,369 |
|----------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|

| | | | | | | | | |
|----------------------------------|-----|-----|-----|------|------|------|------|------|
| 1072 Bill.com Money Out Clearing | \$0 | \$0 | \$0 | \$27 | \$27 | \$27 | -\$1 | -\$1 |
|----------------------------------|-----|-----|-----|------|------|------|------|------|

[illegible]

| | | | | | | | | |
|-------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Total 13500 Restricted Funds | -\$796,189 | -\$759,547 | -\$782,572 | -\$780,449 | -\$789,340 | -\$853,170 | -\$832,999 | -\$778,679 |
|-------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|

| | | | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------|
| \$1,902,801 | \$1,656,981 | \$1,674,260 | \$2,115,948 | \$1,415,987 | \$1,175,078 | \$1,202,825 | \$836,689 |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------|

| | | | | | | | | |
|----------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 26100 Paypal Weekly Receivable | \$20,890 | \$26,621 | \$35,205 | \$18,496 | \$28,097 | \$37,277 | \$23,708 | \$33,100 |
| 26200 Yelp Weekly Receivable | \$1,991 | \$442 | \$598 | \$656 | \$951 | \$1,370 | \$1,218 | \$1,379 |
| 26300 Braintree Sales Receivable | \$278,126 | \$336,242 | \$607,907 | \$578,980 | \$311,853 | \$596,260 | \$238,096 | \$369,327 |
| 26400 Cash Orders Receivable | \$7,370 | \$6,908 | \$8,048 | \$6,288 | \$7,993 | \$2,114 | \$10,458 | \$3,308 |
| 26600 Campus Card Receivable | \$5,531 | \$7,975 | \$4,261 | \$8,585 | \$1,304 | \$1,568 | \$1,276 | \$5,952 |

| | | | | | | | | |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Total 26500 Accounts Receivable | \$313,909 | \$378,187 | \$656,018 | \$613,005 | \$350,198 | \$638,589 | \$274,755 | \$413,066 |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|

| | | | | | | | | |
|----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Total Accounts Receivable | \$313,909 | \$378,187 | \$656,018 | \$613,005 | \$350,198 | \$638,589 | \$274,755 | \$413,066 |
|----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|

| | | | | | | | | |
|----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 11950 Emburse Funds | \$1,135 | \$909 | \$705 | \$500 | \$296 | \$92 | \$0 | \$0 |
| 11951 Stripe Funds | \$0 | \$0 | \$0 | \$300 | \$5,350 | \$5,984 | \$624 | \$1,052 |
| 12050 Due from Restaurants | -\$8,303 | -\$8,303 | -\$8,303 | -\$8,303 | -\$8,303 | -\$8,303 | -\$8,303 | -\$8,303 |
| 12055 Due from HungerHub | \$12,231 | \$12,231 | \$12,231 | \$12,231 | \$12,231 | \$12,231 | \$12,231 | \$12,231 |
| 14000 Prepaid Expenses | \$228,323 | \$169,991 | \$247,033 | \$211,802 | \$188,441 | \$280,705 | \$209,343 | \$243,922 |
| 15300 Tablets | \$1,450 | \$688 | \$1,659 | \$658 | \$1,477 | \$738 | \$407 | \$520 |
| 15400 Domain Names | \$5,687 | \$5,340 | \$5,538 | \$5,152 | \$5,062 | \$5,073 | \$4,799 | \$5,282 |

| | | | | | | | | |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| 18300 Promotional Materials | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|

| | | | | | | | | |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| Total 18000 Supplies | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|

| | | | | | | | |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| \$240,523 | \$180,856 | \$258,863 | \$222,340 | \$204,555 | \$296,521 | \$219,103 | \$254,705 |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|

| | | | | | | | | |
|-----------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Total Current Assets | \$2,457,233 | \$2,216,024 | \$2,589,141 | \$2,951,293 | \$1,970,740 | \$2,110,189 | \$1,696,683 | \$1,504,460 |
|-----------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|

15000 Furniture and Equipment

| | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 15100 Accumulated Depreciation | -\$17,051 | -\$17,051 | -\$17,051 | -\$17,051 | -\$17,051 | -\$17,051 | -\$17,051 | -\$17,051 |
| 15000 Furniture and Equipment - Other | \$17,051 | \$17,051 | \$17,051 | \$17,051 | \$17,051 | \$17,051 | \$17,051 | \$17,051 |
| Total 15000 Furniture and Equipment | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 15200 Computer Equipment | | | | | | | | |
| 15250 Accumulated Depreciation | -\$203,414 | -\$206,861 | -\$207,856 | -\$211,303 | -\$214,750 | -\$218,273 | -\$220,010 | -\$223,121 |
| 15200 Computer Equipment - Other | \$251,396 | \$251,396 | \$248,944 | \$248,944 | \$248,944 | \$252,584 | \$250,899 | \$250,899 |
| Total 15200 Computer Equipment | \$47,982 | \$44,535 | \$41,088 | \$37,641 | \$34,194 | \$34,311 | \$30,889 | \$27,778 |
| 16500 Intangible Assets | | | | | | | | |
| 16550 Accumulated Amortization | -\$49,383 | -\$49,566 | -\$49,750 | -\$49,933 | -\$50,116 | -\$50,300 | -\$50,483 | -\$50,666 |
| 16500 Intangible Assets - Other | \$69,000 | \$69,000 | \$69,000 | \$69,000 | \$69,000 | \$69,000 | \$69,000 | \$69,000 |
| Total 16500 Intangible Assets | \$19,617 | \$19,434 | \$19,250 | \$19,067 | \$18,884 | \$18,700 | \$18,517 | \$18,334 |
| 16600 Acquired Intangible Assets | | | | | | | | |
| 16650 Accumulated Amortization | -\$26,519 | -\$53,039 | -\$79,558 | -\$106,078 | -\$132,597 | \$0 | \$0 | \$0 |
| Total 16600 Acquired Intangible Assets | -\$26,519 | -\$53,039 | -\$79,558 | -\$106,078 | -\$132,597 | \$0 | \$0 | \$0 |
| 17300 Partner Acquisition Costs | | | | | | | | |
| 17350 Accumulated Amortization | -\$1,839,729 | -\$1,839,729 | -\$1,839,729 | -\$1,839,729 | -\$1,839,729 | -\$1,839,729 | -\$1,839,729 | -\$1,839,729 |
| 17300 Partner Acquisition Costs - Other | \$1,934,180 | \$1,934,180 | \$1,934,180 | \$1,934,180 | \$1,934,180 | \$1,934,180 | \$1,934,180 | \$1,934,180 |
| Total 17300 Partner Acquisition Costs | \$94,450 | \$94,450 | \$94,450 | \$94,450 | \$94,450 | \$94,450 | \$94,450 | \$94,450 |
| Total Fixed Assets | \$135,529 | \$105,380 | \$75,230 | \$45,080 | \$14,931 | \$147,462 | \$143,857 | \$140,562 |
| Other Assets | | | | | | | | |
| 17100 Security Deposits | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$2,113 |
| 17500 Deferred Tax Asset | | | | | | | | |
| Valuation Allowance | -\$9,122,100 | -\$9,122,100 | -\$9,122,100 | -\$9,122,100 | -\$9,122,100 | -\$9,122,100 | -\$9,122,100 | -\$9,122,100 |
| 17500 Deferred Tax Asset - Other | \$9,122,100 | \$9,122,100 | \$9,122,100 | \$9,122,100 | \$9,122,100 | \$9,122,100 | \$9,122,100 | \$9,122,100 |
| Total 17500 Deferred Tax Asset | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Other Assets | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$2,113 |
| TOTAL ASSETS | \$2,592,762 | \$2,321,404 | \$2,664,371 | \$2,996,373 | \$1,985,671 | \$2,257,650 | \$1,840,540 | \$1,647,135 |

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Accounts Payable

| | | | | | | | | |
|------------------------|-----------|-----------|-------------|-------------|-----------|-----------|-----------|-----------|
| 25000 Accounts Payable | \$845,805 | \$873,415 | \$1,020,204 | \$1,411,464 | \$788,678 | \$879,551 | \$715,931 | \$777,672 |
|------------------------|-----------|-----------|-------------|-------------|-----------|-----------|-----------|-----------|

| | | | | | | | | |
|-------------------------------|------------------|------------------|--------------------|--------------------|------------------|------------------|------------------|------------------|
| Total Accounts Payable | \$845,805 | \$873,415 | \$1,020,204 | \$1,411,464 | \$788,678 | \$879,551 | \$715,931 | \$777,672 |
|-------------------------------|------------------|------------------|--------------------|--------------------|------------------|------------------|------------------|------------------|

Credit Cards

| | | | | | | | | |
|-------------------|----------|----------|----------|----------|----------|-----------|----------|----------|
| 25100 Credit Card | \$34,124 | \$72,174 | \$76,367 | \$65,826 | \$55,166 | \$106,985 | \$61,271 | \$48,236 |
|-------------------|----------|----------|----------|----------|----------|-----------|----------|----------|

| | | | | | | | | |
|---------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|-----------------|-----------------|
| Total Credit Cards | \$34,124 | \$72,174 | \$76,367 | \$65,826 | \$55,166 | \$106,985 | \$61,271 | \$48,236 |
|---------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|-----------------|-----------------|

Other Current Liabilities

| | | | | | | | | |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| 23001 Due to EatStreet | \$12,231 | \$12,231 | \$12,231 | \$12,231 | \$12,231 | \$12,231 | \$12,231 | \$12,231 |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|

| | | | | | | | | |
|---------------------------|----------|----------|-----------|-----------|-----------|-----------|----------|----------|
| 24000 Payroll Liabilities | \$60,722 | \$69,423 | \$107,879 | \$115,983 | \$140,398 | \$161,167 | \$47,283 | \$71,641 |
|---------------------------|----------|----------|-----------|-----------|-----------|-----------|----------|----------|

| | | | | | | | | |
|----------------------------------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|
| 24080 Accrued Vacation Liability | \$143,178 | \$143,178 | \$127,665 | \$127,665 | \$127,665 | \$74,850 | \$46,553 | \$37,125 |
|----------------------------------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|

| | | | | | | | | |
|---------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|
| 25010 Accrued Liabilities | \$107,243 | \$94,961 | \$86,580 | \$85,717 | \$80,563 | \$80,563 | \$82,709 | \$96,518 |
|---------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|

| | | | | | | | | |
|-------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 25020 Sales Tax Payable | \$432,899 | \$426,663 | \$452,913 | \$430,318 | \$395,474 | \$379,432 | \$357,674 | \$347,672 |
|-------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|

| | | | | | | | | |
|--------------------------|-------------|-----------|-------------|-------------|-----------|-----------|-----------|-----------|
| 70000 Due to Restaurants | \$1,301,332 | \$922,231 | \$1,132,654 | \$1,123,603 | \$796,985 | \$903,858 | \$948,016 | \$686,856 |
|--------------------------|-------------|-----------|-------------|-------------|-----------|-----------|-----------|-----------|

| | | | | | | | | |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Total Other Current Liabilities | \$2,057,605 | \$1,668,688 | \$1,919,922 | \$1,895,517 | \$1,553,317 | \$1,612,101 | \$1,494,466 | \$1,252,043 |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|

| | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Total Current Liabilities | \$2,937,535 | \$2,614,277 | \$3,016,493 | \$3,372,807 | \$2,397,161 | \$2,598,637 | \$2,271,668 | \$2,077,951 |
| Long Term Liabilities | | | | | | | | |
| 75200 Deferred Payroll Taxes | \$2,146,012 | \$2,146,012 | \$2,146,012 | \$2,121,012 | \$2,224,399 | \$2,252,457 | \$2,254,404 | \$2,256,385 |
| Total Long Term Liabilities | \$2,146,012 | \$2,146,012 | \$2,146,012 | \$2,121,012 | \$2,224,399 | \$2,252,457 | \$2,254,404 | \$2,256,385 |
| Total Liabilities | \$5,083,547 | \$4,760,289 | \$5,162,505 | \$5,493,819 | \$4,621,559 | \$4,851,094 | \$4,526,073 | \$4,334,336 |
| Equity | | | | | | | | |
| 30000 Opening Balance Equity | -\$3,510 | -\$3,510 | -\$3,510 | -\$3,510 | -\$3,510 | -\$3,510 | -\$3,510 | -\$3,510 |
| 30100 Hunger Hub Equity | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 30300 Series A Investment | | | | | | | | |
| 30350 Stock Issuance Costs | -\$33,569 | -\$33,569 | -\$33,569 | -\$33,569 | -\$33,569 | -\$33,569 | -\$33,569 | -\$33,569 |
| 30300 Series A Investment - Other | \$2,429,552 | \$2,429,552 | \$2,429,552 | \$2,429,552 | \$2,429,552 | \$2,429,552 | \$2,429,552 | \$2,429,552 |
| Total 30300 Series A Investment | \$2,395,983 | \$2,395,983 | \$2,395,983 | \$2,395,983 | \$2,395,983 | \$2,395,983 | \$2,395,983 | \$2,395,983 |
| 30400 Series B Investment | | | | | | | | |
| 30410 Series B-1 Investment | \$3,399,620 | \$3,399,620 | \$3,399,620 | \$3,399,620 | \$3,399,620 | \$3,399,620 | \$3,399,620 | \$3,399,620 |
| 30420 Stock Issuance Costs | -\$6,290 | -\$6,290 | -\$6,290 | -\$6,290 | -\$6,290 | -\$6,290 | -\$6,290 | -\$6,290 |
| 30400 Series B Investment - Other | \$5,000,380 | \$5,000,380 | \$5,000,380 | \$5,000,380 | \$5,000,380 | \$5,000,380 | \$5,000,380 | \$5,000,380 |
| Total 30400 Series B Investment | \$8,393,710 | \$8,393,710 | \$8,393,710 | \$8,393,710 | \$8,393,710 | \$8,393,710 | \$8,393,710 | \$8,393,710 |
| 30500 Other Paid in Capital | \$708,795 | \$708,795 | \$708,795 | \$708,795 | \$708,795 | \$708,795 | \$708,795 | \$708,795 |
| 30600 Series C Investment | | | | | | | | |
| 30605 Series C-1 Investment | \$20,972,653 | \$20,972,653 | \$20,972,653 | \$20,972,653 | \$20,972,653 | \$20,972,653 | \$20,972,653 | \$20,972,653 |
| 30606 Series C-2 Investment | \$2,999,779 | \$2,999,779 | \$2,999,779 | \$2,999,779 | \$2,999,779 | \$2,999,779 | \$2,999,779 | \$2,999,779 |
| 30608 Series C-3 Investment | \$4,375,114 | \$4,375,114 | \$4,375,114 | \$4,375,114 | \$4,375,114 | \$4,375,114 | \$4,375,114 | \$4,375,114 |
| 30610 Stock Issuance Costs | -\$184,761 | -\$184,761 | -\$184,761 | -\$184,761 | -\$184,761 | -\$184,761 | -\$184,761 | -\$184,761 |
| 30600 Series C Investment - Other | \$15,001,844 | \$15,001,844 | \$15,001,844 | \$15,001,844 | \$15,001,844 | \$15,001,844 | \$15,001,844 | \$15,001,844 |
| Total 30600 Series C Investment | \$43,164,629 | \$43,164,629 | \$43,164,629 | \$43,164,629 | \$43,164,629 | \$43,164,629 | \$43,164,629 | \$43,164,629 |
| 31000 APIC - Options & Warrants | | | | | | | | |
| 31010 APIC - Purchasing Equity | -\$2 | -\$2 | -\$2 | -\$2 | -\$2 | -\$2 | -\$2 | -\$2 |
| 31050 APIC - Resticted Stock | \$141,471 | \$141,471 | \$141,471 | \$141,471 | \$141,471 | \$141,471 | \$141,471 | \$141,471 |
| 31000 APIC - Options & Warrants - Other | \$1,248,701 | \$1,248,701 | \$1,248,701 | \$1,248,701 | \$1,248,701 | \$1,248,701 | \$1,248,701 | \$1,248,701 |
| Total 31000 APIC - Options & Warrants | \$1,390,170 | \$1,390,170 | \$1,390,170 | \$1,390,170 | \$1,390,170 | \$1,390,170 | \$1,390,170 | \$1,390,170 |
| 32500 Treasury Stock | -\$46,541 | -\$46,541 | -\$46,541 | -\$46,541 | -\$46,541 | -\$46,541 | -\$46,541 | -\$46,541 |
| NET INCOME | \$72,686 | \$124,586 | \$65,337 | \$66,025 | -\$72,418 | -\$29,972 | -\$122,061 | -\$123,730 |
| Retained Earnings | -\$58,566,708 | -\$58,566,708 | -\$58,566,708 | -\$58,566,708 | -\$58,566,708 | -\$58,566,708 | -\$58,566,708 | -\$58,566,708 |
| Total Equity | -\$2,490,785 | -\$2,438,885 | -\$2,498,134 | -\$2,497,446 | -\$2,635,889 | -\$2,593,444 | -\$2,685,533 | -\$2,687,201 |
| TOTAL LIABILITIES & EQUITY | \$2,592,762 | \$2,321,404 | \$2,664,371 | \$2,996,373 | \$1,985,671 | \$2,257,650 | \$1,840,540 | \$1,647,135 |

EatStreet
Statement of Cash Flows for EatStreet
Month and Fiscal Year Ending:
8/31/2024

| | Aug 2024 | Jan 01, 2024-Aug 31, 2024 |
|--|-------------------|------------------------------|
| OPERATING ACTIVITIES | | |
| Net Income | -\$1,668 | -\$123,730 |
| Adjustments to reconcile Net Income to net cash provided by operations: | | |
| 11950 Emburse Funds | \$0 | \$1,405 |
| 11951 Stripe Funds | -\$427 | -\$1,052 |
| 14000 Prepaid Expenses | -\$34,579 | \$32,637 |
| 15300 Tablets | -\$113 | \$2,380 |
| 15400 Domain Names | -\$483 | \$760 |
| 16650 Accumulated Amortization | \$0 | \$0 |
| 24000 Payroll Liabilities | \$24,358 | -\$107,795 |
| 24080 Accrued Vacation Liability | -\$9,428 | -\$106,053 |
| 25000 Accounts Payable | \$61,741 | -\$320,689 |
| 25010 Accrued Liabilities | \$13,809 | -\$2,089 |
| 25020 Sales Tax Payable | -\$10,002 | -\$84,954 |
| 25100 Credit Card | -\$13,036 | \$34,793 |
| 26100 Paypal Weekly Receivable | -\$9,393 | \$8,207 |
| 26200 Yelp Weekly Receivable | -\$161 | \$2,309 |
| 26300 Braintree Sales Receivable | -\$131,230 | \$298,304 |
| 26400 Cash Orders Receivable | \$7,150 | \$7,116 |
| 26600 Campus Card Receivable | -\$4,676 | -\$5,035 |
| 70000 Due to Restaurants | -\$261,159 | -\$420,521 |
| Total Adjustments to reconcile Net Income to net cash provided by operations: | -\$367,630 | -\$660,276 |
| Net cash provided by Operating Activities | -\$369,298 | -\$784,005 |
| INVESTING ACTIVITIES | | |
| 15250 Accumulated Depreciation | \$3,111 | \$17,311 |
| 15200 Computer Equipment - Other | \$0 | \$6,340 |
| 16550 Accumulated Amortization | \$183 | \$1,467 |
| 17100 Security Deposits | -\$2,113 | -\$2,113 |
| Net cash provided by Investing Activities | \$1,181 | \$23,004 |
| FINANCING ACTIVITIES | | |
| 30610 Stock Issuance Costs | \$0 | -\$2 |
| 75200 Deferred Payroll Taxes | \$1,981 | \$110,373 |
| Net cash provided by Financing Activities | \$1,981 | \$110,371 |
| Net cash increase for period | -\$366,136 | -\$650,631 |
| Cash at beginning of period | \$1,202,825 | \$1,487,320 |
| Cash at end of period | \$836,689 | \$836,689 |

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF WISCONSIN

In re:

EATSTREET, INC.,

Debtor.

Case No.

Chapter 11 Proceedings

DEBTOR'S STATEMENT OF OPERATIONS

EatStreet, Inc. (the “**Debtor**” or “**EatStreet**”), as a Subchapter V Chapter 11 debtor-in-possession, submits the following Statement of Operations pursuant to 11 U.S.C. §§ 1187(a) and 1116(1) of the United States Bankruptcy Code.

The Debtor was first formed in the State of Wisconsin on January 1, 2012, and subsequently converted into a corporation incorporated in the State of Delaware on November 13, 2015. EatStreet is the largest independent online and mobile food ordering delivery service in the United States, based in Madison, Wisconsin. The company provides online food ordering and contracted food delivery services to general consumers. The Debtor has a large number of stockholders, as further described on the List of Security Holders. The Debtor is governed by a Board of Directors, which consists of Steve Anastasi, Gregory Robinson, and Pieter Welten.

The Debtor has approximately 16 employees at the corporate level. The drivers that support the food delivery service are independent, third-party vendors (e.g., UberEats, DoorDash). EatStreet hosts its own mobile Application and digital platform, through which consumers can sign up for an account, supply payment details, and order

food from over 7,000 restaurants across the entire country. EatStreet partners with restaurants and lists participating locations on its platform, which can be easily browsed and selected by EatStreet's 80,000+ active diners. In return for connecting the diners to the restaurants, EatStreet then charges the restaurant a commission off the order price.

The start of EatStreet's financial challenges began during the Covid fallout. Larger competitors like UberEats and DoorDash, given their market size and budget, severely outspent EatStreet and thwarted its ability to grow and thrive in a competitive market.

During the pandemic, EatStreet went to great efforts to maintain its employees (at the time, drivers were direct employees of the business). This was a significant cost to the business, which was supposed to be partially reimbursed through the Employee Retention Tax Credit, as part of the CARES Act. EatStreet was denied reimbursement from the IRS for a significant period of time; this strained the company's finances severely, and resulted in EatStreet defaulting on debt owed to its senior secured lender. Ultimately, in the spring of 2023 the IRS paid 75% of EatStreet's claim, but all available proceeds went to pay off EatStreet's senior loan, which at that time was in default and accruing significant interest (36%)¹ and penalties.² EatStreet continues to wrestle with the IRS on certain payroll taxes that the IRS asserts are owed by the Debtor. Although over \$2 million is claimed by the IRS, the Debtor disputes the total, continues to be in negotiations with the IRS, but such unknown and undetermined debts continue to linger

¹ The loan was originally \$7.5 million, which ballooned to \$10.7 million as a result of the ERTC reimbursement delays.

² As of the filing of its Petition, the Debtor no longer has any secured debt. Accordingly, no "cash collateral" issues exist. Further, the Debtor has sufficient cash reserves and operational cash flow that should carry it through these proceedings without the need for DIP financing.

without resolution, despite EatStreet's multiple follow-ups with the IRS.

The Debtor has been focused on cost-cutting measures and improvement of operations. In particular, beginning in July of 2024 through last month, EatStreet laid off 13 full-time employees (appx. 45% of its workforce). EatStreet also extended a pay freeze (which has been in place since October of 2022) for all senior-level employees. Additionally, EatStreet has reduced its technology spend through broad cuts across many vendor services.

Recently, the Debtor has also suffered various financial and operational challenges. First, on March 26, 2024, Google changed its ranking algorithm which resulted in a significant loss of orders flowing through to EatStreet. And on September 5, 2024, Google implemented a new food ordering user experience, which resulted in a further reduction of orders through EatStreet's platform. These setbacks are apparent in EatStreet's drastic decrease in Google order revenue:

| | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 |
|----------------------|-------------|-------------|-------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Google Order Revenue | \$350,579 | \$369,914 | \$389,712 | \$317,611 | \$296,156 | \$288,197 | \$268,653 | \$221,692 | \$100,297 |
| Change from March | | | | -18.5% | -24.0% | -26.0% | -31.1% | -43.1% | -74.3% |
| All Order Revenue | \$1,048,129 | \$1,036,174 | \$1,094,368 | \$951,459 | \$896,236 | \$812,738 | \$772,618 | \$733,182 | \$558,280 |
| Change from March | | | | -13.1% | -18.1% | -25.7% | -29.4% | -33.0% | -49.0% |

Second, EatStreet anticipated a return of cash from its workers' compensation insurer of approximately \$1 million from cash reserves which served as collateral for the policy. This month, however, EatStreet was informed that the insurance company has completed its assessment and will only be returning \$400,000 to the Debtor (this payment is anticipated any day now), but will hold the remaining funds as collateral for its

continued risk under the policy.³

Third, EatStreet has ongoing delays and unknowns regarding various tax claims asserted by Illinois and Massachusetts. The Debtor maintains that it has paid certain state sales taxes to its restaurant clients, but these states continue to seek payment of such funds directly from EatStreet. Negotiations with these states remain ongoing, continue to be remain contingent, unliquidated, disputed claims, and need resolution.

Lastly, due to the revenue declines, increased competition, and unknown tax matters all discussed above, EatStreet has been unable to garner investor support for additional capital needed for marketing, operations, and growth. Prior to filing this Case, EatStreet has also attempted to sell its business operations to third parties. In February of 2024, EatStreet contracted with DelMorgan Group, LLC, a third-party investment banking firm to market and sell the business. So far, there has been no actionable interest in light of the Debtor's unknown liabilities in general.

In sum, EatStreet is currently in a financial "run off," and without immediate action and some semblance of certainty through a claims resolution process, would otherwise expect to run out of cash in the coming months. The Debtor believes its "unknowns" and disputes can be most efficiently resolved through the bankruptcy code's claims resolution process, and ultimately a plan of reorganization.

Accordingly, EatStreet's Board of Directors and Stockholders made the decision to file this case and seek protection under Subchapter V of Chapter 11 to restructure its

³ This policy has since termed, and the Debtor has sufficient, pre-paid insurance coverage in place as of the Petition Date with a different insurance company.

debts, have certainty on what debts may be allowed, and ultimately emerge with a fresh start to continue its business as a going concern. The Debtor is confident that a financial restructuring will allow it to retain its remaining employees, customers, and partner restaurants by implementing a new growth plan after a successful emergence from bankruptcy.

Under penalty of perjury, I swear that the above statements are true and accurate to the best of my knowledge, information, and belief.

Dated: October 11, 2024.

s/ Steve Anastasi
Steve Anastasi
CEO & Authorized Person



EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713
Attention: Steve Anastasi

Dear Steve:

Enclosed are the following corporate returns prepared on behalf of EatStreet, Inc. for the year ended December 31, 2022:

2022 U.S. CORPORATION INCOME TAX RETURN
2022 ARIZONA CORPORATION INCOME TAX RETURN
2022 CALIFORNIA CORPORATION INCOME TAX RETURN
2022 COLORADO CORPORATION INCOME TAX RETURN
2022 CONNECTICUT CORPORATION INCOME TAX RETURN
2022 DELAWARE CORPORATION INCOME TAX RETURN
2022 ILLINOIS CORPORATION INCOME TAX RETURN
2022 INDIANA CORPORATION INCOME TAX RETURN
2022 IOWA CORPORATION INCOME TAX RETURN
2022 KANSAS CORPORATION INCOME TAX RETURN
2022 KENTUCKY CORPORATION INCOME TAX AND LLET RETURN
2022 MASSACHUSETTS CORPORATION INCOME TAX RETURN
2022 MISSOURI CORPORATION INCOME TAX RETURN
2022 NEW JERSEY CORPORATION INCOME TAX RETURN
2022 NEW YORK CORPORATION INCOME TAX RETURN
2022 NORTH CAROLINA CORPORATION INCOME TAX RETURN
2022 OREGON CORPORATION INCOME TAX RETURN
2022 PENNSYLVANIA CORPORATION INCOME TAX RETURN
2023 TEXAS FRANCHISE TAX REPORT
2022 VIRGINIA CORPORATION INCOME TAX RETURN

2022 WISCONSIN CORPORATION INCOME TAX RETURN

2022 MICHIGAN CORPORATION INCOME TAX RETURN

These return(s) were prepared from information provided by you. Therefore, we recommend you review the returns. Each original return should be dated, signed and filed in accordance with the filing instructions.

Your responsibility for retention of your own tax records varies, depending upon the type of return or other information involved. We suggest that you maintain indefinitely copies of tax returns and tax records to support your cost basis in assets and other tax needs.

We sincerely appreciate the opportunity to serve you. Please contact our office if you have any questions concerning the tax return.

Sincerely,

Daniel T. O'Connor, CPA
Baker Tilly US, LLP

2022 TAX RETURN FILING INSTRUCTIONS

U.S. CORPORATION INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|---|
| Total tax | \$ | 0 |
| Less: payments and credits | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| No payment required | \$ | |

Overpayment:

Not applicable

Make Check Payable To:

Not Applicable

Mail Tax Return and Check (if applicable) To:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0012

Return Must be Mailed on or Before:

Please sign and mail as soon as possible.

Special Instructions:

Form **7004**
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► **File a separate application for each return.**
► **Go to www.irs.gov/Form7004 for instructions and the latest information.**

**Print
or
Type**

Name

EATSTREET, INC.

Identifying number

**** - ***5093**

Number, street, and room or suite no. (If P.O. box, see instructions.)

1574 W BROADWAY ST STE 200 #PMB1005

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

MADISON, WI 53713

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for **12**

| Application Is For: | Form Code | Application Is For: | Form Code |
|---|-----------|-----------------------------------|-----------|
| Form 706-GS(D) | 01 | Form 1120-ND (section 4951 taxes) | 20 |
| Form 706-GS(T) | 02 | Form 1120-PC | 21 |
| Form 1041 (bankruptcy estate only) | 03 | Form 1120-POL | 22 |
| Form 1041 (estate other than a bankruptcy estate) | 04 | Form 1120-REIT | 23 |
| Form 1041 (trust) | 05 | Form 1120-RIC | 24 |
| Form 1041-N | 06 | Form 1120S | 25 |
| Form 1041-QFT | 07 | Form 1120-SF | 26 |
| Form 1042 | 08 | Form 3520-A | 27 |
| Form 1065 | 09 | Form 8612 | 28 |
| Form 1066 | 11 | Form 8613 | 29 |
| Form 1120 | 12 | Form 8725 | 30 |
| Form 1120-C | 34 | Form 8804 | 31 |
| Form 1120-F | 15 | Form 8831 | 32 |
| Form 1120-FSC | 16 | Form 8876 | 33 |
| Form 1120-H | 17 | Form 8924 | 35 |
| Form 1120-L | 18 | Form 8928 | 36 |
| Form 1120-ND | 19 | | |

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a** The application is for calendar year **2022**, or tax year beginning _____, and ending _____
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation.)

| | | |
|---|----------|-----------|
| 6 Tentative total tax | 6 | 0. |
| 7 Total payments and credits. See instructions | 7 | 0. |
| 8 Balance due. Subtract line 7 from line 6. See instructions | 8 | 0. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

| | | |
|--|--|---|
| Form 1120 Department of the Treasury Internal Revenue Service | U.S. Corporation Income Tax Return For calendar year 2022 or tax year beginning _____, ending _____ EXTENSION GRANTED TO 10/16/23 Go to www.irs.gov/Form1120 for instructions and the latest information. | OMB No. 1545-0123 <div style="font-size: 2em; font-weight: bold;">2022</div> |
|--|--|---|

| | | | |
|---|----------------------|--|---|
| A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input checked="" type="checkbox"/> | TYPE OR PRINT | Name EATSTREET, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 1574 W BROADWAY ST STE 200 #PMB1005 City or town, state or province, country, and ZIP or foreign postal code MADISON, WI 53713 | B Employer identification number **-***5093 C Date incorporated 01/01/2012 D Total assets (see instructions) \$ 4,487,013. |
| E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input checked="" type="checkbox"/> Address change | | | |

| | | | |
|---|---|---|---|
| Income | 1a Gross receipts or sales 29,257,032. 1b Returns and allowances 422,735. c Balance. Subtract line 1b from line 1a 2 Cost of goods sold (attach Form 1125-A) 3 Gross profit. Subtract line 2 from line 1c 4 Dividends and inclusions (Schedule C, line 23) 5 Interest SEE STATEMENT 1 6 Gross rents 7 Gross royalties 8 Capital gain net income (attach Schedule D (Form 1120)) 9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) 10 Other income (attach statement) SEE STATEMENT 2 11 Total income. Add lines 3 through 10 | 1a 1b 1c 2 3 4 5 6 7 8 9 10 11 | 28,834,297. 607,145. 28,227,152. 15,864. -1,247,141. 753,000. 27,748,875. |
| Deductions (See instructions for limitations on deductions.) | 12 Compensation of officers (attach Form 1125-E) 13 Salaries and wages (less employment credits) 14 Repairs and maintenance 15 Bad debts 16 Rents 17 Taxes and licenses SEE STATEMENT 3 18 Interest (see instructions) 19 Charitable contributions 20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) 21 Depletion 22 Advertising 23 Pension, profit-sharing, etc., plans 24 Employee benefit programs 25 Reserved for future use 26 Other deductions (attach statement) SEE STATEMENT 4 27 Total deductions. Add lines 12 through 26 28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 29a Net operating loss deduction (see instructions) STATEMENT 5 29b Special deductions (Schedule C, line 24) 29c Add lines 29a and 29b | 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29a 29b 29c | 895,543. 12,399,234. 16,823. 372,244. 2,277,826. 141,471. 2,309,205. 296,795. 1,336,864. 12,834,669. 32,880,674. -5,131,799. 0. 0. |
| Tax, Refundable Credits, and Payments | 30 Taxable income. Subtract line 29c from line 28. See instructions 31 Total tax (Schedule J, Part I, line 11) 32 Reserved for future use 33 Total payments and credits (Schedule J, Part III, line 23) 34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/> 35 Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed 36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid 37 Enter amount from line 36 you want: Credited to 2023 estimated tax Refunded | 30 31 32 33 34 35 36 37 | -5,131,799. 0. 0. 0. |

| | | | |
|-------------------------------|--|---|---|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | May the IRS discuss this return with the preparer shown below? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Signature of officer _____ Date _____ | Title CEO Date 11/09/23 | |
| Paid Preparer Use Only | Print/Type preparer's name DANIEL T. O'CONNOR, CPA Firm's name BAKER TILLY US, LLP Firm's address PO BOX 7398 MADISON, WI 53707-7398 | Preparer's signature DANIEL T. O'CONNOR Check if self-employed <input type="checkbox"/> PTIN P00543528 Firm's EIN ** - ***9910 Phone no. 608.249.6622 | |

Form 1120 (2022)

EATSTREET, INC.

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| Schedule C Dividends, Inclusions, and Special Deductions (see instructions) | (a) Dividends and inclusions | (b) % | (c) Special deductions (a) x (b) |
|--|------------------------------|------------------|-------------------------------------|
| 1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) | | 50 | |
| 2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) | | 65 | |
| 3 Dividends on certain debt-financed stock of domestic and foreign corporations | | See Instructions | |
| 4 Dividends on certain preferred stock of less-than-20%-owned public utilities | | 23.3 | |
| 5 Dividends on certain preferred stock of 20%-or-more-owned public utilities | | 26.7 | |
| 6 Dividends from less-than-20%-owned foreign corporations and certain FSCs | | 50 | |
| 7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs | | 65 | |
| 8 Dividends from wholly owned foreign subsidiaries | | 100 | |
| 9 Subtotal. Add lines 1 through 8 | | See Instructions | |
| 10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 | | 100 | |
| 11 Dividends from affiliated group members | | 100 | |
| 12 Dividends from certain FSCs | | 100 | |
| 13 Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions) | | 100 | |
| 14 Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends) | | | |
| 15 Reserved for future use | | | |
| 16a Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions) | | 100 | |
| b Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions) | | | |
| c Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions) | | | |
| 17 Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992) | | | |
| 18 Gross-up for foreign taxes deemed paid | | | |
| 19 IC-DISC and former DISC dividends not included on line 1, 2, or 3 | | | |
| 20 Other dividends | | | |
| 21 Deduction for dividends paid on certain preferred stock of public utilities | | | |
| 22 Section 250 deduction (attach Form 8993) | | | |
| 23 Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4 | | | |
| 24 Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b | | | |

Form 1120 (2022)

Form 1120 (2022) **EATSTREET, INC.**

-*5093 Page 3

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

| | | | |
|----|--|--------------------------|----|
| 1 | Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)) | <input type="checkbox"/> | |
| 2 | Income tax. See instructions | | 0. |
| 3 | Base erosion minimum tax amount (attach Form 8991) | | |
| 4 | Add lines 2 and 3 | | 0. |
| 5a | Foreign tax credit (attach Form 1118) | 5a | |
| b | Credit from Form 8834 (see instructions) | 5b | |
| c | General business credit (attach Form 3800) | 5c | |
| d | Credit for prior year minimum tax (attach Form 8827) | 5d | |
| e | Bond credits from Form 8912 | 5e | |
| 6 | Total credits. Add lines 5a through 5e | 6 | |
| 7 | Subtract line 6 from line 4 | 7 | 0. |
| 8 | Personal holding company tax (attach Schedule PH (Form 1120)) | 8 | |
| 9a | Recapture of investment credit (attach Form 4255) | 9a | |
| b | Recapture of low-income housing credit (attach Form 8611) | 9b | |
| c | Interest due under the look-back method-completed long-term contracts (attach Form 8697) | 9c | |
| d | Interest due under the look-back method-income forecast method (attach Form 8866) | 9d | |
| e | Alternative tax on qualifying shipping activities (attach Form 8902) | 9e | |
| f | Interest/tax due under Section 453A(c) and/or Section 453(l) | 9f | |
| g | Other (see instructions - attach statement) | 9g | |
| 10 | Total. Add lines 9a through 9g | 10 | |
| 11 | Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31 | 11 | 0. |

Part II - Reserved For Future Use

| | | | |
|----|-------------------------|----|--|
| 12 | Reserved for future use | 12 | |
|----|-------------------------|----|--|

Part III - Payments and Refundable Credits

| | | | |
|----|---|-----|-----|
| 13 | 2021 overpayment credited to 2022 | 13 | |
| 14 | 2022 estimated tax payments | 14 | |
| 15 | 2022 refund applied for on Form 4466 | 15 | () |
| 16 | Combine lines 13, 14, and 15 | 16 | |
| 17 | Tax deposited with Form 7004 | 17 | |
| 18 | Withholding (see instructions) | 18 | |
| 19 | Total payments. Add lines 16, 17, and 18 | 19 | |
| 20 | Refundable credits from: | | |
| a | Form 2439 | 20a | |
| b | Form 4136 | 20b | |
| c | Reserved for future use | 20c | |
| d | Other (attach statement - see instructions) | 20d | |
| 21 | Total credits. Add lines 20a through 20d | 21 | |
| 22 | Reserved for future use | 22 | |
| 23 | Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33 | 23 | |

Form **1120** (2022)

Form 1120 (2022) **EATSTREET, INC.**

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Schedule K Other Information (see instructions)

| | | |
|---|-----|----|
| 1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____ | Yes | No |
| 2 See the instructions and enter the: | | |
| a Business activity code no. <u>722300</u> | | |
| b Business activity <u>INTERNET SALES</u> | | |
| c Product or service <u>SERVICE</u> | | |
| 3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? _____ If "Yes," enter name and EIN of the parent corporation _____ | | X |
| 4 At the end of the tax year: | | |
| a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) _____ | | X |
| b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) _____ | | X |
| 5 At the end of the tax year, did the corporation: | | |
| a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions _____ If "Yes," complete (i) through (iv) below. | | X |

| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage Owned in Voting Stock |
|-------------------------|--|--------------------------------|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| | | |
|---|---|--|
| b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions _____ If "Yes," complete (i) through (iv) below. | X | |
|---|---|--|

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Country of Organization | (iv) Maximum Percentage Owned in Profit, Loss, or Capital |
|--------------------|--|-------------------------------|---|
| HUNGERHUB, LLC | **-***0988 | UNITED STATES | 100.00% |
| | | | |
| | | | |

| | | |
|--|--------------------------|---|
| 6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 _____ If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary. | X | |
| 7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? _____ For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned _____ and (b) Owner's country _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached _____ | | X |
| 8 Check this box if the corporation issued publicly offered debt instruments with original issue discount _____ If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments. | <input type="checkbox"/> | |
| 9 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____ | | |
| 10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____ | | |
| 11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here _____ If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid. | <input type="checkbox"/> | |
| 12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) _____ \$ <u>40,277,519.</u> | | |

Form **1120** (2022)

Form 1120 (2022) **EATSTREET, INC.**

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Schedule K Other Information (continued from page 4)

| | Yes | No |
|--|----------|----------|
| 13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? | | X |
| If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$ | | |
| 14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions | | X |
| If "Yes," complete and attach Schedule UTP. | | |
| 15a Did the corporation make any payments in 2022 that would require it to file Form(s) 1099? | X | |
| b If "Yes," did or will the corporation file required Form(s) 1099? | X | |
| 16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock? | | X |
| 17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? | | X |
| 18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? | | X |
| 19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? | | X |
| 20 Is the corporation operating on a cooperative basis? | | X |
| 21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions | | X |
| If "Yes," enter the total amount of the disallowed deductions \$ | | |
| 22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)) | | X |
| If "Yes," complete and attach Form 8991. | | |
| 23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions | | X |
| 24 Does the corporation satisfy one or more of the following? See instructions | X | |
| a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense. | | |
| b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense. | | |
| c The corporation is a tax shelter and the corporation has business interest expense. | | |
| If "Yes," complete and attach Form 8990. | | |
| 25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? | | X |
| If "Yes," enter amount from Form 8996, line 15 \$ | | |
| 26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions | | X |
| Percentage: By Vote By Value | | |

Form **1120** (2022)

| Schedule L Balance Sheets per Books | | Beginning of tax year | | End of tax year | |
|---|--|-----------------------|--------------|-----------------|--------------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 | Cash | | 7,221,830. | | 549,906. |
| 2a | Trade notes and accounts receivable | 1,814,007. | | 1,157,082. | |
| b | Less allowance for bad debts | () | 1,814,007. | () | 1,157,082. |
| 3 | Inventories | | 60,427. | | 0. |
| 4 | U.S. government obligations | | | | |
| 5 | Tax-exempt securities | | | | |
| 6 | Other current assets (att. stmt.) STMT 6 | | 1,336,418. | | 715,548. |
| 7 | Loans to shareholders | | | | |
| 8 | Mortgage and real estate loans | | | | |
| 9 | Other investments (att. stmt.) | | | | |
| 10a | Buildings and other depreciable assets | 3,424,296. | | 355,657. | |
| b | Less accumulated depreciation | (2,332,109.) | 1,092,187. | (253,876.) | 101,781. |
| 11a | Depletable assets | | | | |
| b | Less accumulated depletion | () | | () | |
| 12 | Land (net of any amortization) | | | | |
| 13a | Intangible assets (amortizable only) | 4,923,771. | | 4,923,771. | |
| b | Less accumulated amortization | (2,621,865.) | 2,301,906. | (2,961,075.) | 1,962,696. |
| 14 | Other assets (att. stmt.) STMT 7 | | 65,679. | | 0. |
| 15 | Total assets | | 13,892,454. | | 4,487,013. |
| Liabilities and Shareholders' Equity | | | | | |
| 16 | Accounts payable | | 4,934,063. | | 3,264,720. |
| 17 | Mortgages, notes, bonds payable in less than 1 year | | 2,000,000. | | 2,000,000. |
| 18 | Other current liabilities (att. stmt.) STMT 8 | | 4,394,168. | | 8,145,365. |
| 19 | Loans from shareholders | | | | 19,582. |
| 20 | Mortgages, notes, bonds payable in 1 year or more | | 7,000,000. | | 4,637,912. |
| 21 | Other liabilities (att. stmt.) STMT 9 | | 137,507. | | 43,709. |
| 22 | Capital stock: a Preferred stock | 5,253. | | 5,253. | |
| b | Common stock | 1,052. | 6,305. | 1,052. | 6,305. |
| 23 | Additional paid-in capital | | 51,687,721. | | 55,900,492. |
| 24 | Retained earnings - Appropriated (attach statement) STMT 10 | | 0. | | 99,959. |
| 25 | Retained earnings - Unappropriated | | -56,220,769. | | -69,631,031. |
| 26 | Adjustments to shareholders' equity (attach statement) | | | | |
| 27 | Less cost of treasury stock | | (46,541.) | | (0.) |
| 28 | Total liabilities and shareholders' equity | | 13,892,454. | | 4,487,013. |

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

| | | | | | |
|---|---|--|----|--|--|
| 1 | Net income (loss) per books | | 7 | Income recorded on books this year not included on this return (itemize): | |
| 2 | Federal income tax per books | | | Tax-exempt interest \$ | |
| 3 | Excess of capital losses over capital gains | | | | |
| 4 | Income subject to tax not recorded on books this year (itemize): | | | | |
| 5 | Expenses recorded on books this year not deducted on this return (itemize): | | 8 | Deductions on this return not charged against book income this year (itemize): | |
| a | Depreciation \$ | | a | Depreciation \$ | |
| b | Charitable contributions \$ | | b | Charitable contributions \$ | |
| c | Travel and entertainment ... \$ | | | | |
| 6 | Add lines 1 through 5 | | 9 | Add lines 7 and 8 | |
| | | | 10 | Income (page 1, line 28) - line 6 less line 9 | |

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

| | | | | | |
|---|------------------------------------|--------------|---|---|--------------|
| 1 | Balance at beginning of year | -56,220,769. | 5 | Distributions: a Cash | |
| 2 | Net income (loss) per books | -13,410,262. | b | Stock | |
| 3 | Other increases (itemize): | | c | Property | |
| | | | 6 | Other decreases (itemize): | |
| | | | 7 | Add lines 5 and 6 | |
| 4 | Add lines 1, 2, and 3 | -69,631,031. | 8 | Balance at end of year (line 4 less line 7) | -69,631,031. |

Form **1125-A****Cost of Goods Sold**

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service
Name

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.

▶ Go to www.irs.gov/Form1125A for the latest information.

OMB No. 1545-0123

| | | |
|--------------------------------|--|--|
| Name EATSTREET, INC. | | Employer identification number ** - *** 5093 |
| 1 | Inventory at beginning of year | 1 60,427. |
| 2 | Purchases | 2 546,718. |
| 3 | Cost of labor | 3 |
| 4 | Additional section 263A costs (attach schedule) | 4 |
| 5 | Other costs (attach schedule) | 5 |
| 6 | Total. Add lines 1 through 5 | 6 607,145. |
| 7 | Inventory at end of year | 7 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions | 8 607,145. |

9 a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** |

e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☒ No
If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

SCHEDULE M-3
(Form 1120)

(Rev. December 2019)

Department of the Treasury
Internal Revenue Service

Net Income (Loss) Reconciliation for Corporations
With Total Assets of \$10 Million or More

▶ Attach to Form 1120 or 1120-C.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name of corporation (common parent, if consolidated return)

Employer identification number

EATSTREET, INC.

**** - ***5093**

Check applicable box(es): (1) ☒ Non-consolidated return

(2) ☐ Consolidated return (Form 1120 only)

(3) ☐ Mixed 1120/L/PC group

(4) ☐ Dormant subsidiaries schedule attached

Part I Financial Information and Net Income (Loss) Reconciliation (see instructions)

1 a Did the corporation file SEC Form 10-K for its income statement period ending with or within this tax year?

☐ Yes. Skip lines 1b and 1c and complete lines 2a through 11 with respect to that SEC Form 10-K.

☒ No. Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

b Did the corporation prepare a certified audited non-tax-basis income statement for that period?

☒ Yes. Skip line 1c and complete lines 2a through 11 with respect to that income statement.

☐ No. Go to line 1c.

c Did the corporation prepare a non-tax-basis income statement for that period?

☐ Yes. Complete lines 2a through 11 with respect to that income statement.

☐ No. Skip lines 2a through 3c and enter the corporation's net income (loss) per its books and records on line 4a.

2 a Enter the income statement period: Beginning 01/01/2022 Ending 12/31/2022

b Has the corporation's income statement been restated for the income statement period on line 2a?

☐ Yes. (If "Yes," attach an explanation and the amount of each item restated.)

☒ No.

c Has the corporation's income statement been restated for any of the five income statement periods immediately preceding the period on line 2a?

☐ Yes. (If "Yes," attach an explanation and the amount of each item restated.)

☒ No.

3 a Is any of the corporation's voting common stock publicly traded?

☐ Yes.

☒ No. If "No," go to line 4a.

b Enter the symbol of the corporation's primary U.S. publicly traded voting common stock

c Enter the nine-digit CUSIP number of the corporation's primary publicly traded voting

common stock

| | | |
|--|------------|---------------------|
| 4 a Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1 | 4a | -13,410,262. |
| b Indicate accounting standard used for line 4a (see instructions): (1) <input type="checkbox"/> GAAP (2) <input type="checkbox"/> IFRS (3) <input type="checkbox"/> Statutory (4) <input type="checkbox"/> Tax-basis (5) <input type="checkbox"/> Other (specify) _____ | | |
| 5 a Net income from nonincludible foreign entities (attach statement) | 5a | () |
| b Net loss from nonincludible foreign entities (attach statement and enter as a positive amount) | 5b | |
| 6 a Net income from nonincludible U.S. entities (attach statement) | 6a | () |
| b Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount) | 6b | |
| 7 a Net income (loss) of other includible foreign disregarded entities (attach statement) | 7a | |
| b Net income (loss) of other includible U.S. disregarded entities (attach statement) | 7b | |
| c Net income (loss) of other includible entities (attach statement) | 7c | |
| 8 Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach stmt.) | 8 | |
| 9 Adjustment to reconcile income statement period to tax year (attach statement) | 9 | |
| 10 a Intercompany dividend adjustments to reconcile to line 11 (attach statement) | 10a | |
| b Other statutory accounting adjustments to reconcile to line 11 (attach statement) | 10b | |
| c Other adjustments to reconcile to amount on line 11 (attach statement) | 10c | |
| 11 Net income (loss) per income statement of includible corporations. Combine lines 4 through 10 | 11 | -13,410,262. |

Note: Part I, line 11, must equal Part II, line 30, column (a), or Schedule M-1, line 1 (see instructions).

12 Enter the total amount (not just the corporation's share) of the assets and liabilities of all entities included or removed on the following lines.

| | Total Assets | Total Liabilities |
|-------------------------------------|-------------------|--------------------|
| a Included on Part I, line 4 | 4,487,013. | 18,111,288. |
| b Removed on Part I, line 5 | | |
| c Removed on Part I, line 6 | | |
| d Included on Part I, line 7 | | |

Schedule M-3 (Form 1120) (Rev. 12-2019)

Page 2

Name of corporation (common parent, if consolidated return)

EATSTREET, INC.

Employer identification number

**** - *** 5093**Check applicable box(es): (1) ☐ Consolidated group (2) ☐ Parent corp (3) ☐ Consolidated eliminations (4) ☐ Subsidiary corp (5) ☐ Mixed 1120/L/PC groupCheck if a sub-consolidated: (6) ☐ 1120 group (7) ☐ 1120 eliminations

Name of subsidiary (if consolidated return)

Employer identification number

Part II Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return (see instructions)

| Income (Loss) Items (Attach statements for lines 1 through 12) | (a) Income (Loss) per Income Statement | (b) Temporary Difference | (c) Permanent Difference | (d) Income (Loss) per Tax Return |
|---|--|--------------------------------|--------------------------------|--|
| 1 Income (loss) from equity method foreign corporations | | | | |
| 2 Gross foreign dividends not previously taxed | | | | |
| 3 Subpart F, QEF, and similar inc inclusions | | | | |
| 4 Gross-up for foreign taxes deemed paid | | | | |
| 5 Gross foreign distributions previously taxed | | | | |
| 6 Income (loss) from equity method U.S. corporations | | | | |
| 7 U.S. dividends not eliminated in tax consolidation | | | | |
| 8 Minority interest for includible corporations | | | | |
| 9 Income (loss) from U.S. partnerships | | | | |
| 10 Income (loss) from foreign partnerships | | | | |
| 11 Income (loss) from other pass-through entities | | | | |
| 12 Items relating to reportable transactions | | | | |
| 13 Interest income (see instructions) | 15,864. | | | 15,864. |
| 14 Total accrual to cash adjustment | | | | |
| 15 Hedging transactions | | | | |
| 16 Mark-to-market income (loss) | | | | |
| 17 Cost of goods sold (see instructions) | (607,145.) | | | (607,145.) |
| 18 Sale versus lease (for sellers and/or lessors) | | | | |
| 19 Section 481(a) adjustments | | | | |
| 20 Unearned/deferred revenue | | | | |
| 21 Income recognition from long-term contracts | | | | |
| 22 Original issue discount and other imputed interest | | | | |
| 23a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities | -928,016. | 928,016. | | |
| b Gross capital gains from Schedule D, excluding amounts from pass-through entities | | | | |
| c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses | | | | |
| d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses | | -1,247,141. | | -1,247,141. |
| e Abandonment losses | | | | |
| f Worthless stock losses (attach stmt.) | | | | |
| g Other gain/loss on disposition of assets other than inventory | | | | |
| 24 Capital loss limitation and carryforward used | | | | |
| 25 Other income (loss) items with differences (attach stmt.) | | | | |
| 26 Total income (loss) items. Combine lines 1 through 25 | -1,519,297. | -319,125. | | -1,838,422. |
| 27 Total expense/deduction items (from Part III, line 39) | -22,515,657. | 8,580,171. | 17,417. | -13,918,069. |
| 28 Other items with no differences STMT 11 | 10,624,692. | | | 10,624,692. |
| 29a Mixed groups, see instructions. All others, combine lines 26 through 28 | -13,410,262. | 8,261,046. | 17,417. | -5,131,799. |
| b PC insurance subgroup reconciliation totals | | | | |
| c Life insurance subgroup reconciliation totals | | | | |
| 30 Reconciliation totals. Combine lines 29a through 29c | -13,410,262. | 8,261,046. | 17,417. | -5,131,799. |

Note: Line 30, column (a), must equal Part I, line 11, and column (d) must equal Form 1120, page 1, line 28.

Schedule M-3 (Form 1120) (Rev. 12-2019)

213322
04-01-22

Schedule M-3 (Form 1120) (Rev. 12-2019)

Page **3**

Name of corporation (common parent, if consolidated return)

EATSTREET, INC.

Employer identification number

**** - *** 5093**Check applicable box(es): (1) ☐ Consolidated group (2) ☐ Parent corp (3) ☐ Consolidated eliminations (4) ☐ Subsidiary corp (5) ☐ Mixed 1120/L/PC groupCheck if a sub-consolidated: (6) ☐ 1120 group (7) ☐ 1120 eliminations

Name of subsidiary (if consolidated return)

Employer identification number

Part III Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return - Expense/Deduction Items (see instructions)

| Expense/Deduction Items | (a) Expense per Income Statement | (b) Temporary Difference | (c) Permanent Difference | (d) Deduction per Tax Return |
|---|--|--------------------------------|--------------------------------|------------------------------------|
| 1 U.S. current income tax expense | | | | |
| 2 U.S. deferred income tax expense | | | | |
| 3 State and local current income tax expense | 45,895. | | | 45,895. |
| 4 State and local deferred income tax expense | | | | |
| 5 Foreign current income tax expense (other than foreign withholding taxes) | | | | |
| 6 Foreign deferred income tax expense | | | | |
| 7 Foreign withholding taxes | | | | |
| 8 Interest expense (see instructions) | 2,819,995. | -2,819,995. | | |
| 9 Stock option expense | | | | |
| 10 Other equity-based compensation | | | | |
| 11 Meals and entertainment STMT 13 | 40,164. | | -17,417. | 22,747. |
| 12 Fines and penalties | | | | |
| 13 Judgments, damages, awards, and similar costs | | | | |
| 14 Parachute payments | | | | |
| 15 Compensation with section 162(m) limitation | | | | |
| 16 Pension and profit-sharing | 296,795. | | | 296,795. |
| 17 Other post-retirement benefits | | | | |
| 18 Deferred compensation | | | | |
| 19 Charitable contribution of cash and tangible property STMT 14 | | | | |
| 20 Charitable contribution of intangible property | | | | |
| 21 Charitable contribution limitation/carryforward | | | | |
| 22 Domestic production activities deduction (see instrs.) | | | | |
| 23 Current year acquisition or reorganization investment banking fees | | | | |
| 24 Current year acquisition or reorganization legal and accounting fees | | | | |
| 25 Current year acquisition/ reorganization other costs | | | | |
| 26 Amortization/impairment of goodwill | | | | |
| 27 Amortization of acquisition, reorganization, and start-up costs | | | | |
| 28 Other amortization or impairment write-offs STMT 15 | 954,945. | -315,262. | | 639,683. |
| 29 Reserved | | | | |
| 30 Depletion | | | | |
| 31 Depreciation | 563,028. | -421,557. | | 141,471. |
| 32 Bad debt expense | | | | |
| 33 Corporate owned life insurance premiums Purchase versus lease | | | | |
| 34 (for purchasers and/or lessees) | | | | |
| 35 Research and development costs | | | | |
| 36 Section 118 exclusion (att. stmt.) | | | | |
| 37 Sec. 162(r) - FDIC premiums paid by certain large financial institutions (see instructions) | | | | |
| 38 Other expense/deduction items with differences (attach stmt.) STMT 16 | 17,794,835. | -5,023,357. | | 12,771,478. |
| 39 Total expense/deduction items. Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive | 22,515,657. | -8,580,171. | -17,417. | 13,918,069. |

213323
04-01-22

Schedule M-3 (Form 1120) (Rev. 12-2019)

Form **4562****Depreciation and Amortization**

(Including Information on Listed Property) OTHER

OMB No. 1545-0172

2022Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

EATSTREET, INC.**OTHER DEPRECIATION****** - ***5093****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

| | |
|--|------------------------------|
| 1 Maximum amount (see instructions) | 1 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 |
| 3 Threshold cost of section 179 property before reduction in limitation | 3 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 |
| 6 (a) Description of property | (b) Cost (business use only) |
| | (c) Elected cost |
| | |
| | |
| | |
| 7 Listed property. Enter the amount from line 29 | 7 |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 |
| 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 | 10 |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 |
| 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 |
| 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 | 13 |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

| | |
|--|-----------|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 |
| 15 Property subject to section 168(f)(1) election | 15 |
| 16 Other depreciation (including ACRS) | 16 |

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

| | |
|--|-----------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2022 | 17 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | |

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | / | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | / | | 39 yrs. | MM | S/L | |
| | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----------------------|---|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | / | | 30 yrs. | MM | S/L | |
| d 40-year | / | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | |
|---|-----------|
| 21 Listed property. Enter amount from line 28 | 21 |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 |

Form 4562 (2022)

EATSTREET, INC.

-*5093 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

| | | | | | | | | |
|--|---|---|---|--|--|--|--|--|
| | : | : | % | | | | | |
| | : | : | % | | | | | |
| | : | : | % | | | | | |

27 Property used 50% or less in a qualified business use:

| | | | | | | | | |
|--|---|---|---|--|--|-------|--|--|
| | : | : | % | | | S/L - | | |
| | : | : | % | | | S/L - | | |
| | : | : | % | | | S/L - | | |

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | (b) Vehicle | (c) Vehicle | (d) Vehicle | (e) Vehicle | (f) Vehicle |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

| | | |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|-----------------------------|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
|-----------------------------|------------------------------------|------------------------------|------------------------|---|--------------------------------------|

42 Amortization of costs that begins during your 2022 tax year:

| | | | | | |
|-------------------------|--------|------------|-----|------|----------|
| R&D EXPENSES | 070122 | 2,699,574. | 174 | 60M | 269,958. |
| R&D EXPENSES - OFFSHORE | 070122 | 288,907. | 174 | 180M | 9,630. |

43 Amortization of costs that began before your 2022 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

279,588.

Form **4562****Depreciation and Amortization**

(Including Information on Listed Property)

OTHER

OMB No. 1545-0172

2022Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

EATSTREET, INC.**OTHER DEPRECIATION****** - ***5093****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,080,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 2,700,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

| | | | |
|----|--|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 5,226. |

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

| | | | |
|----|--|----|----------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022 | 17 | 128,609. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | 14,764. | 5 YRS | HY | 200DB | 2,953. |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | / | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | / | | 39 yrs. | MM | S/L | |
| | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|---|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | / | | 30 yrs. | MM | S/L | |
| d 40-year | / | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|---|----|----------|
| 21 | Listed property. Enter amount from line 28 | 21 | 4,683. |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 141,471. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Form 4562 (2022)

EATSTREET, INC.

-*5093 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25****26** Property used more than 50% in a qualified business use:

| | | | | | | | | |
|------------------|---|--|--|--|--|--|--------|--|
| SEE STATEMENT 18 | % | | | | | | 4,683. | |
|------------------|---|--|--|--|--|--|--------|--|

27 Property used 50% or less in a qualified business use:

| | | | | | | | | |
|--|---|--|--|--|-------|--|--|--|
| | % | | | | S/L - | | | |
| | % | | | | S/L - | | | |
| | % | | | | S/L - | | | |

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28** 4,683.**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | (b) Vehicle | (c) Vehicle | (d) Vehicle | (e) Vehicle | (f) Vehicle |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

| | | |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|-----------------------------|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
|-----------------------------|------------------------------------|------------------------------|------------------------|---|--------------------------------------|

42 Amortization of costs that begins during your 2022 tax year:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

43 Amortization of costs that began before your 2022 tax year **43** 360,095.**44** **Total.** Add amounts in column (f). See the instructions for where to report **44** 360,095.

OTHER DEPRECIATION

OTHER

228111 04-01-22

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

| | | |
|--|--|--|
| Form 4797 Department of the Treasury Internal Revenue Service | Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information. | OMB No. 1545-0184 <div style="font-size: 2em; font-weight: bold;">2022</div> Attachment Sequence No. 27 |
| Name(s) shown on return | | Identifying number |
| EATSTREET, INC. | | **-***5093 |

| | | |
|---|-----------|--|
| 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 | 1a | |
| b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets | 1b | |
| c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets | 1c | |

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|----------|---|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| | DISPOSED ASSETS | | | | | | |
| | | 123112 | 123122 | 207,667. | 1,010,466. | 2,460,414. | -1,242,281. |
| | | | | | | | |
| | | | | | | | |
| 3 | Gain, if any, from Form 4684, line 39 | | | | | | 3 |
| 4 | Section 1231 gain from installment sales from Form 6252, line 26 or 37 | | | | | | 4 |
| 5 | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | | | | | | 5 |
| 6 | Gain, if any, from line 32, from other than casualty or theft | | | | | | 6 |
| 7 | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. SEE STATEMENT 19 | | | | | | 7 -1242281. |
| 8 | Nonrecaptured net section 1231 losses from prior years. See instructions | | | | | | 8 |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions | | | | | | 9 |

Part II Ordinary Gains and Losses (see instructions)

| | | | | | | | |
|---|---|--------|--------|----|--------|--------|-----------------------|
| 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): | | | | | | | |
| | DISPOSED ASSETS | | | | | | |
| | | 110321 | 103122 | 0. | 2,734. | 7,594. | -4,860. |
| | | | | | | | |
| | | | | | | | |
| 11 | Loss, if any, from line 7 | | | | | | 11 (1242281.) |
| 12 | Gain, if any, from line 7 or amount from line 8, if applicable | | | | | | 12 |
| 13 | Gain, if any, from line 31 | | | | | | 13 |
| 14 | Net gain or (loss) from Form 4684, lines 31 and 38a | | | | | | 14 |
| 15 | Ordinary gain from installment sales from Form 6252, line 25 or 36 | | | | | | 15 |
| 16 | Ordinary gain or (loss) from like-kind exchanges from Form 8824 | | | | | | 16 |
| 17 | Combine lines 10 through 16 | | | | | | 17 -1247141. |
| 18 | For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 | | | | | | 18a |
| | | | | | | | 18b |

| | | | | | |
|--|--|--------------------------------------|----------------------------------|------------|------------|
| Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions) | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | | |
| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | | | | |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B | Property C | Property D |
| 20 | Gross sales price (Note: See line 1a before completing.) | 20 | | | |
| 21 | Cost or other basis plus expense of sale | 21 | | | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | | | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | | | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | | | |
| 25 If section 1245 property: | | | | | |
| a | Depreciation allowed or allowable from line 22 | 25a | | | |
| b | Enter the smaller of line 24 or 25a | 25b | | | |
| 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | | | |
| a | Additional depreciation after 1975 | 26a | | | |
| b | Applicable percentage multiplied by the smaller of line 24 or line 26a | 26b | | | |
| c | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | | |
| d | Additional depreciation after 1969 and before 1976 | 26d | | | |
| e | Enter the smaller of line 26c or 26d | 26e | | | |
| f | Section 291 amount (corporations only) | 26f | | | |
| g | Add lines 26b, 26e, and 26f | 26g | | | |
| 27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | | | |
| a | Soil, water, and land clearing expenses | 27a | | | |
| b | Line 27a multiplied by applicable percentage | 27b | | | |
| c | Enter the smaller of line 24 or 27b | 27c | | | |
| 28 If section 1254 property: | | | | | |
| a | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion | 28a | | | |
| b | Enter the smaller of line 24 or 28a | 28b | | | |
| 29 If section 1255 property: | | | | | |
| a | Applicable percentage of payments excluded from income under section 126 | 29a | | | |
| b | Enter the smaller of line 24 or 29a | 29b | | | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | | |
|----|---|----|--|
| 30 | Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

| | | | |
|--|---|-----------------|------------------------|
| Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) | | (a) Section 179 | (b) Section 280F(b)(2) |
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 | |
| 34 | Recomputed depreciation. See instructions | 34 | |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | |

Form **8916-A**
(Rev. November 2019)
Department of the Treasury
Internal Revenue Service

Supplemental Attachment to Schedule M-3

OMB No. 1545-0123

► **Attach to Schedule M-3 for Form 1065, 1120, 1120-L, 1120-PC, or 1120-S.**
► **Go to www.irs.gov/Form1120 for the latest information.**

| | |
|---|--|
| Name of common parent EATSTREET, INC. | Employer identification number ** - *** 5093 |
| Name of subsidiary | Employer identification number |

Part I Cost of Goods Sold

| Cost of Goods Sold Items | (a) Expense per Income Statement | (b) Temporary Difference | (c) Permanent Difference | (d) Deduction per Tax Return |
|--|--|--------------------------------|--------------------------------|------------------------------------|
| 1 Amounts attributable to cost flow assumptions | | | | |
| 2 Amounts attributable to: | | | | |
| a Stock option expense | | | | |
| b Other equity-based compensation | | | | |
| c Meals and entertainment | | | | |
| d Parachute payments | | | | |
| e Compensation with section 162(m) limitation | | | | |
| f Pension and profit sharing | | | | |
| g Other post-retirement benefits | | | | |
| h Deferred compensation | | | | |
| i Reserved | | | | |
| j Amortization | | | | |
| k Depletion | | | | |
| l Depreciation | | | | |
| m Corporate-owned life insurance premiums ... | | | | |
| n Other section 263A costs | | | | |
| 3 Inventory shrinkage accruals | | | | |
| 4 Excess inventory and obsolescence reserves | | | | |
| 5 Lower of cost or market write-downs | | | | |
| 6 Other items with differences (attach statement) SEE STATEMENT 20 | | | | |
| 7 Other items with no differences | 607,145. | | | 607,145. |
| 8 Total cost of goods sold. Add lines 1 through 7 in columns a, b, c, and d. Enter totals on the applicable Schedule M-3. See instructions ... | 607,145. | | | 607,145. |

LHA **For Paperwork Reduction Act Notice, see instructions.**Form **8916-A** (Rev. 11-2019)

Part II Interest Income

| | Interest Income Item | (a) Income (Loss) per Income Statement | (b) Temporary Difference | (c) Permanent Difference | (d) Income (Loss) per Tax Return |
|----|--|--|--------------------------------|--------------------------------|--|
| 1 | Tax-exempt interest income | | | | |
| 2 | Interest income from hybrid securities | | | | |
| 3 | Sale/lease interest income | | | | |
| 4a | Intercompany interest income - From outside tax affiliated group | | | | |
| 4b | Intercompany interest income - From tax affiliated group | | | | |
| 5 | Other interest income STMT 21 | 15,864. | | | 15,864. |
| 6 | Total interest income. Add lines 1 through 5 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions. | 15,864. | | | 15,864. |

Part III Interest Expense

| | Interest Expense Item | (a) Expense per Income Statement | (b) Temporary Difference | (c) Permanent Difference | (d) Deduction per Tax Return |
|----|---|--|--------------------------------|--------------------------------|------------------------------------|
| 1 | Interest expense from hybrid securities | | | | |
| 2 | Lease/purchase interest expense | | | | |
| 3a | Intercompany interest expense - Paid to outside tax affiliated group | | | | |
| 3b | Intercompany interest expense - Paid to tax affiliated group | | | | |
| 4 | Other interest expense STMT 22 | 2,819,995. | -2,819,995. | | |
| 5 | Total interest expense. Add lines 1 through 4 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions. | 2,819,995. | -2,819,995. | | |

Form **8916-A** (Rev. 11-2019)

Form **8990**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Limitation on Business Interest Expense Under Section 163(j)

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form8990 for instructions and the latest information.

| | |
|--|---|
| Taxpayer name(s) shown on tax return EATSTREET, INC. | Identification number ** - *** 5093 |
|--|---|

A If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:

Name of foreign entity _____

Employer identification number, if any _____

Reference ID number _____

B Is the foreign entity a CFC group member? See instructions ☐ Yes ☐ No

C Is this Form 8990 filed by the specified group parent for an entire CFC group? See instructions ☐ Yes ☐ No

D Has a CFC or a CFC group made a safe harbor election? If yes, see instructions for which lines of Form 8990 to complete ☐ Yes ☐ No

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section I - Business Interest Expense

| | | | |
|---|----------|-------------------|--|
| 1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation | 1 | 2,819,995. | |
| 2 Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership) | 2 | | |
| 3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h)) | 3 | | |
| 4 Floor plan financing interest expense. See instructions | 4 | | |
| 5 Total business interest expense. Add lines 1 through 4 | 5 | 2,819,995. | |

Section II - Adjusted Taxable Income

Tentative Taxable Income

| | | |
|---|----------|--------------------|
| 6 Tentative taxable income. See instructions | 6 | -5,147,663. |
|---|----------|--------------------|

Additions (adjustments to be made if amounts are taken into account on line 6)

| | | | |
|--|-----------|--|--|
| 7 Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions | 7 | | ALL ADJUSTMENTS ARE INCLUDED IN LINE 6 SEE FORM 8990 ADJUSTED TAXABLE INCOME WORKPAPER |
| 8 Any business interest expense not from a pass-through entity. See instr. | 8 | | |
| 9 Amount of any net operating loss deduction under section 172 | 9 | | |
| 10 Amount of any qualified business income deduction allowed under section 199A | 10 | | |
| 11 Reserved for future use | 11 | | |
| 12 Amount of any loss or deduction items from a pass-through entity. See instructions | 12 | | |
| 13 Other additions. See instructions | 13 | | |
| 14 Total current year partner's excess taxable income (Schedule A, line 44, column (f)) | 14 | | |
| 15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) | 15 | | |
| 16 Total. Add lines 7 through 15 | 16 | | |

Reductions (adjustments to be made if amounts are taken into account on line 6)

| | | | |
|--|-----------|-----|--|
| 17 Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions | 17 | () | |
| 18 Any business interest income not from a pass-through entity. See instructions | 18 | () | |
| 19 Amount of any income or gain items from a pass-through entity. See instructions | 19 | () | |
| 20 Other reductions. See instructions | 20 | () | |
| 21 Total. Combine lines 17 through 20 | 21 | () | |
| 22 Adjusted taxable income. Combine lines 6, 16, and 21. See instructions | 22 | | |

LHA For Paperwork Reduction Act Notice, see the instructions.

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Form **8990** (Rev. 12-2022)

Section III - Business Interest Income

| | | | | |
|-----------|--|-----------|-----------|--|
| 23 | Current year business interest income. See instructions | 23 | | |
| 24 | Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d)) | 24 | | |
| 25 | Total. Add lines 23 and 24 | | 25 | |

Section IV - Section 163(j) Limitation Calculations**Limitation on Business Interest Expense**

| | | | | |
|-----------|--|-----------|-----------|--|
| 26 | Multiply the adjusted taxable income from line 22 by the applicable percentage. See instructions | 26 | | |
| 27 | Business interest income (line 25) | 27 | | |
| 28 | Floor plan financing interest expense (line 4) | 28 | | |
| 29 | Total. Add lines 26, 27, and 28 | | 29 | |

Allowable Business Interest Expense

| | | | |
|-----------|---|-----------|--|
| 30 | Total current year business interest expense deduction. See instructions | 30 | |
|-----------|---|-----------|--|

Carryforward

| | | | |
|-----------|--|-----------|-------------------|
| 31 | Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.) | 31 | 2,819,995. |
|-----------|--|-----------|-------------------|

Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

| | | | |
|-----------|--|-----------|--|
| 32 | Excess business interest expense. Enter amount from line 31 | 32 | |
|-----------|--|-----------|--|

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

| | | | |
|-----------|--|-----------|--|
| 33 | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) | 33 | |
| 34 | Subtract line 33 from line 26. (If zero or less, enter -0-.) | 34 | |
| 35 | Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) | 35 | |
| 36 | Excess taxable income. Multiply line 35 by line 22 | 36 | |

Excess Business Interest Income

| | | | |
|-----------|---|-----------|--|
| 37 | Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) | 37 | |
|-----------|---|-----------|--|

Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

| | | | |
|-----------|--|-----------|--|
| 38 | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) | 38 | |
| 39 | Subtract line 38 from line 26. (If zero or less, enter -0-.) | 39 | |
| 40 | Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) | 40 | |
| 41 | Excess taxable income. Multiply line 40 by line 22 | 41 | |

Excess Business Interest Income

| | | | |
|-----------|---|-----------|--|
| 42 | Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) | 42 | |
|-----------|---|-----------|--|

Business Interest Expense

_5093

| Description | Prior Disallowed Business Interest Expense | Business Interest Expense | Business Interest Expense Ratio | Limited Business Interest Expense | Disallowed Business Interest Expense |
|------------------------|--|------------------------------|------------------------------------|--------------------------------------|--|
| MAIN TRADE OR BUSINESS | 0. | 2,819,995. | 1.000000 | | 2,819,995. |
| | | | | | |
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| | | | | | |
| Total | 0. | 2,819,995. | 1.000000 | 0. | 2,819,995. |

Form 8990 Adjusted Taxable Income

| | |
|---|-------------|
| Total income without interest income and net capital gains/loss | 27,733,011. |
| Less: Pass-through income without capital gain/losses | () |
| Add: Pass-through section 1231 loss treated as ordinary loss | |
| - Non-pass-through net capital gains/losses (limited to 0 if net capital loss is present) | |
| - Reserved for future use | |
| - Other adjustments | |
| Total income without pass-throughs | 27,733,011. |
| Deductions: | |
| Compensation of officers | 895,543. |
| Salaries and wages | 12,399,234. |
| Repairs | 16,823. |
| Bad debts | |
| Rents | 372,244. |
| Taxes | 2,277,826. |
| Charitable contributions without pass-throughs | |
| Advertising | 2,309,205. |
| Pension, profit-sharing, etc., plans | 296,795. |
| Employee benefit programs | 1,336,864. |
| Section 199A(g) deduction - 1120-C only | |
| Other deductions without Section 199A(g) | 12,834,669. |
| Depreciation and Depletion not reported elsewhere | 141,471. |
| Less: Pass-through other deductions | () |
| Total deductions | 32,880,674. |
| Taxable income before special deductions | -5,147,663. |
| Special deductions without section 250 deduction | |
| Tentative section 250 deduction for Section 163(j) purposes | |
| Adjusted taxable income | -5,147,663. |

Election Not to Claim the Additional First Year
Depreciation Allowable Under IRC Sec. 168(k)

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Employer Identification Number: **-***5093

For the Year Ending December 31, 2022

EatStreet, Inc., hereby elects, pursuant to IRC Sec. 168(k)(7), not to claim the additional depreciation allowable under IRC Sec. 168(k) for the following qualifying property placed in service during the tax year ending December 31, 2022.

All property in the 3 year class.
All property in the 5 year class.
All property in the 7 year class.
All property in the 10 year class.
All property in the 15 year class.
All property in the 20 year class.
All property in the 25 year class.
Computer software as defined by IRC Sec. 167(f)(1)(B).

See attached Form 4562.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Employer Identification Number: **-***5093

For the Year Ending December 31, 2022

EatStreet, Inc. is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

| FORM 1120 | INTEREST INCOME | STATEMENT 1 |
|----------------------------|-----------------|-------------|
| DESCRIPTION | US | OTHER |
| INTEREST INCOME | | 15,864. |
| TOTAL TO FORM 1120, LINE 5 | | 15,864. |

| FORM 1120 | OTHER INCOME | STATEMENT 2 |
|-----------------------------|--------------|-------------|
| DESCRIPTION | AMOUNT | |
| OTHER INCOME | 753,000. | |
| TOTAL TO FORM 1120, LINE 10 | 753,000. | |

| FORM 1120 | TAXES AND LICENSES | STATEMENT 3 |
|---------------------------------------|--------------------|-------------|
| DESCRIPTION | AMOUNT | |
| PAYROLL TAXES | 2,199,826. | |
| TAXES AND LICENSES EXPENSE | 32,105. | |
| ARIZONA TAXES - OTHER | 50. | |
| CALIFORNIA TAXES - OTHER | 800. | |
| COLORADO TAXES - BASED ON INCOME | 701. | |
| CONNECTICUT TAXES - BASED ON INCOME | 1,500. | |
| DELAWARE TAXES - OTHER | 5,394. | |
| IOWA TAXES - BASED ON INCOME | 19,000. | |
| KENTUCKY TAXES - OTHER | 300. | |
| MASSACHUSETTS TAXES - BASED ON INCOME | 4,000. | |
| NEW JERSEY TAXES - OTHER | 1,000. | |
| NEW YORK TAXES - OTHER | 1,500. | |
| NORTH CAROLINA TAXES - OTHER | 200. | |
| OHIO TAXES - OTHER | 150. | |
| PENNSYLVANIA TAXES - BASED ON INCOME | 6,500. | |
| TEXAS TAXES - OTHER | 4,000. | |
| VIRGINIA TAXES - BASED ON INCOME | 800. | |
| TOTAL TO FORM 1120, LINE 17 | 2,277,826. | |

| FORM 1120 | OTHER DEDUCTIONS | STATEMENT 4 |
|---------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| AMORTIZATION | | 639,683. |
| BANK CHARGES | | 744,663. |
| COMPUTER EXPENSE | | 2,594,502. |
| CONSULTING EXPENSE | | 764,395. |
| CREDIT CARD PROCESSING | | 2,468,550. |
| CUSTOMER EXPENSE | | 99,838. |
| DEFERRED COMPENSATION EXPENSE | | 562,357. |
| DRIVER EXPENSES | | 26,380. |
| ENTERTAINMENT EXPENSES | | |
| HIRING COSTS | | 446,303. |
| INSURANCE | | 1,377,179. |
| LEGAL AND ACCOUNTING | | 606,054. |
| MEALS | | 15,331. |
| MEALS NOT SUBJECT TO LIMITATION | | 7,416. |
| MISCELLANEOUS EXPENSE | | 792,528. |
| OFFICE PARKING EXPENSE | | 488. |
| OFFICE SUPPLIES | | 236,793. |
| PARTNERSHIP FEES | | 130,422. |
| PAYROLL SERVICE FEES | | 332,001. |
| PROFESSIONAL FEES | | 618,338. |
| TRAVEL | | 185,139. |
| UTILITIES AND TELEPHONE | | 186,309. |
| TOTAL TO FORM 1120, LINE 26 | | 12,834,669. |

| NET OPERATING LOSS DEDUCTION | | | | STATEMENT 5 |
|------------------------------|----------------|-------------------------|----------------|---------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/12 | 463,075. | 463,075. | 0. | 0. |
| 12/31/13 | 1,598,378. | 1,598,378. | 0. | 0. |
| 12/31/14 | 5,290,209. | 2,761,775. | 2,528,434. | 2,528,434. |
| 12/31/15 | 6,431,954. | | 6,431,954. | 6,431,954. |
| 12/31/16 | 7,431,694. | | 7,431,694. | 7,431,694. |
| 12/31/17 | 11,012,445. | | 11,012,445. | 11,012,445. |
| 12/31/18 | 6,735,318. | | 6,735,318. | 6,735,318. |
| 12/31/19 | 6,137,674. | | 6,137,674. | 6,137,674. |
| NOL AVAILABLE THIS YEAR | | | 40,277,519. | 40,277,519. |

| SCHEDULE L | OTHER CURRENT ASSETS | STATEMENT 6 |
|-----------------------------|--------------------------|--------------------|
| DESCRIPTION | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| DEPOSITS | 10,000. | 10,000. |
| DOMAIN NAMES | 11,520. | 9,000. |
| EATSTREET BAGS | 8,081. | 0. |
| PREPAID EXPENSES | 1,306,817. | 696,548. |
| TOTAL TO SCHEDULE L, LINE 6 | 1,336,418. | 715,548. |

| SCHEDULE L | OTHER ASSETS | STATEMENT 7 |
|------------------------------|--------------------------|--------------------|
| DESCRIPTION | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| SECURITY DEPOSITS | 65,679. | 0. |
| TOTAL TO SCHEDULE L, LINE 14 | 65,679. | 0. |

| SCHEDULE L | OTHER CURRENT LIABILITIES | STATEMENT 8 |
|---------------------------------|---------------------------|--------------------|
| DESCRIPTION | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| ACCRUED LIABILITIES | 1,693,392. | 2,914,518. |
| ACCRUED VACATION PAY | 0. | 234,411. |
| DEFERRED COMPENSATION AGREEMENT | 0. | 577,357. |
| DEFERRED FICA PAYROLL TAXES | 1,630,829. | 1,630,829. |
| DEFERRED RENT - CURRENT | 234,229. | 0. |
| INTEREST PAYABLE | 29,063. | 2,416,009. |
| PAYROLL LIABILITIES | 806,655. | 372,241. |
| TOTAL TO SCHEDULE L, LINE 18 | 4,394,168. | 8,145,365. |

| SCHEDULE L | OTHER LIABILITIES | STATEMENT 9 |
|------------------------------|--------------------------|--------------------|
| DESCRIPTION | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| DEFERRED RENT - LONG TERM | 79,806. | 0. |
| OTHER LIABILITIES | 43,709. | 43,709. |
| RELATED PARTY PAYABLES | 13,992. | 0. |
| TOTAL TO SCHEDULE L, LINE 21 | 137,507. | 43,709. |

| SCHEDULE L | APPROPRIATED RETAINED EARNINGS | STATEMENT 10 |
|------------------------------|--------------------------------|--------------------|
| DESCRIPTION | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| TREASURY STOCK | 0. | 99,959. |
| TOTAL TO SCHEDULE L, LINE 24 | 0. | 99,959. |

| SCHEDULE M-3 | OTHER INCOME (LOSS) AND EXPENSE / DEDUCTION ITEMS WITH NO DIFFERENCES | STATEMENT 11 |
|---|--|---------------------------------------|
| DESCRIPTION | INCOME (LOSS) PER INCOME STATEMENT | INCOME (LOSS) PER TAX RETURN |
| OTHER INCOME (LOSS) - SEE STATEMENT | 29,587,297. | 29,587,297. |
| OTHER EXPENSE / DEDUCTION - SEE STATEMENT | -18,962,605. | -18,962,605. |
| TOTAL TO SCHEDULE M-3, PART II, LINE 28 | 10,624,692. | 10,624,692. |

SCHEDULE M-3 OTHER INCOME (LOSS) ITEMS WITH NO DIFFERENCES STATEMENT 12

| DESCRIPTION | INCOME (LOSS) PER INCOME STATEMENT | INCOME (LOSS) PER TAX RETURN |
|---|---|---------------------------------------|
| GROSS RECEIPTS OR SALES | 29,257,032. | 29,257,032. |
| OTHER INCOME | 753,000. | 753,000. |
| RETURNS AND ALLOWANCES | -422,735. | -422,735. |
| TOTAL TO SCHEDULE M-3, PART II, LINE 28 | 29,587,297. | 29,587,297. |

SCHEDULE M-3 MEALS AND ENTERTAINMENT STATEMENT 13

| DESCRIPTION | EXPENSE PER INCOME STATEMENT | TEMPORARY DIFFERENCE | PERMANENT DIFFERENCE | DEDUCTION PER TAX RETURN |
|-------------------------|------------------------------------|-------------------------|-------------------------|--------------------------------|
| ENTERTAINMENT EXPENSES | 2,087. | | -2,087. | 0. |
| MEALS AND ENTERTAINMENT | 38,077. | | -15,330. | 22,747. |
| TOTAL | 40,164. | | -17,417. | 22,747. |

SCHEDULE M-3 CHARITABLE CONTRIBUTION OF CASH AND TANGIBLE PROPERTY STATEMENT 14

| DESCRIPTION | EXPENSE/ DEDUCTION PER INCOME STATEMENT | TEMPORARY DIFFERENCE | PERMANENT DIFFERENCE | EXPENSE/ DEDUCTION PER TAX RETURN |
|--------------------------|--|-------------------------|-------------------------|--|
| CHARITABLE CONTRIBUTIONS | 0. | | 0. | 0. |
| TOTAL | 0. | | 0. | 0. |

SCHEDULE M-3 OTHER AMORTIZATION OR STATEMENT 15
IMPAIRMENT WRITE-OFFS

| DESCRIPTION | EXPENSE PER INCOME STATEMENT | TEMPORARY DIFFERENCE | PERMANENT DIFFERENCE | DEDUCTION PER TAX RETURN |
|-------------------------|------------------------------------|-------------------------|-------------------------|--------------------------------|
| OTHER AMORTIZATION | 675,357. | -315,262. | 0. | 360,095. |
| R&D EXPENSES | 269,958. | | 0. | 269,958. |
| R&D EXPENSES - OFFSHORE | 9,630. | | 0. | 9,630. |
| TOTAL | 954,945. | -315,262. | 0. | 639,683. |

SCHEDULE M-3 OTHER EXPENSE/DEDUCTION ITEMS WITH DIFFERENCES STATEMENT 16

| DESCRIPTION | EXPENSE/ DEDUCTION PER INCOME STATEMENT | TEMPORARY DIFFERENCE | PERMANENT DIFFERENCE | EXPENSE/ DEDUCTION PER TAX RETURN |
|---------------------------------|--|-------------------------|-------------------------|--|
| RENTS | 516,371. | -144,127. | 0. | 372,244. |
| SALARIES AND WAGES | 17,278,464. | -4,879,230. | 0. | 12,399,234. |
| TOTAL TO M-3, PART III, LINE 38 | 17,794,835. | -5,023,357. | 0. | 12,771,478. |

SCHEDULE M-3

OTHER EXPENSE/DEDUCTION ITEMS
WITH NO DIFFERENCES

STATEMENT 17

| DESCRIPTION | EXPENSE/ DEDUCTION PER INCOME STATEMENT | EXPENSE/ DEDUCTION PER TAX RETURN |
|---|--|--|
| ADVERTISING | 2,309,205. | 2,309,205. |
| BANK CHARGES | 744,663. | 744,663. |
| COMPUTER EXPENSE | 2,594,502. | 2,594,502. |
| CONSULTING EXPENSE | 764,395. | 764,395. |
| CREDIT CARD PROCESSING | 2,468,550. | 2,468,550. |
| CUSTOMER EXPENSE | 99,838. | 99,838. |
| DEFERRED COMPENSATION EXPENSE | 562,357. | 562,357. |
| DRIVER EXPENSES | 26,380. | 26,380. |
| EMPLOYEE BENEFIT PROGRAMS | 1,336,864. | 1,336,864. |
| HIRING COSTS | 446,303. | 446,303. |
| INSURANCE | 1,377,179. | 1,377,179. |
| LEGAL AND ACCOUNTING | 606,054. | 606,054. |
| MISCELLANEOUS EXPENSE | 792,528. | 792,528. |
| OFFICE PARKING EXPENSE | 488. | 488. |
| OFFICE SUPPLIES | 236,793. | 236,793. |
| OFFICERS COMPENSATION | 895,543. | 895,543. |
| PARTNERSHIP FEES | 130,422. | 130,422. |
| PAYROLL SERVICE FEES | 332,001. | 332,001. |
| PAYROLL TAXES | 2,199,826. | 2,199,826. |
| PROFESSIONAL FEES | 618,338. | 618,338. |
| REPAIRS | 16,823. | 16,823. |
| TAXES AND LICENSES EXPENSE | 32,105. | 32,105. |
| TRAVEL | 185,139. | 185,139. |
| UTILITIES AND TELEPHONE | 186,309. | 186,309. |
| TOTAL TO SCHEDULE M-3, PART II, LINE 28 | 18,962,605. | 18,962,605. |

| FORM 4562 | | LISTED PROPERTY INFORMATION-MORE THAN 50% | | | | | | STATEMENT 18 | |
|--|--------------------------|---|--------------------------|----------------------------|-----------------------|-----------------------------------|------------------|--------------------|---|
| (A) DESCRIPTION | (B) DATE | (C) BUS. % | (D) COST | (E) BASIS | (F) LIFE | (G) MTH/CV | (H) DEDUCTION | (I) 179 ELECTED | |
| (K) TOTAL MILES | (L) BUSINESS MILES | (M) COMMUTING MILES | (N) PERSONAL MILES | (O) WAS VEH. AVAIL.? | (P) > 5% OWNER? | (Q) ANOTHER VEH. AVAILABLE? | | | |
| | | | | Y | N | Y | N | Y | N |
| 2014 FORD FUSION TITANIUM | 02/03/14 | 100.00 | 33,319. | 33,319. | 5 YRS | 200DB-HY | 1,875. | | |
| COMPANY CAR - 2019 VOLKSWAGON ATLAS | 06/19/20 | 100.00 | 29,250. | 29,250. | 5 YRS | 200DB-HY | 2,808. | | |
| TOTALS TO FORM 4562, PART V, LINE 26 | | | | | | | 4,683. | | |

| FORM 4797 | SECTION 1231 LOSSES FROM PRIOR YEARS | | STATEMENT 19 |
|--|--------------------------------------|----------------------------|----------------|
| | LOSS SUSTAINED | LOSS PREVIOUSLY RECAPTURED | LOSS REMAINING |
| TAX YEAR 2017 | | | |
| TAX YEAR 2018 | 398 | | 398 |
| TAX YEAR 2019 | 463 | | 463 |
| TAX YEAR 2020 | | | |
| TAX YEAR 2021 | | | |
| TOTAL REMAINING SECTION 1231 LOSSES FROM PRIOR YEARS | | | 861 |

| FORM 8916-A | OTHER ITEMS WITH NO DIFFERENCES | STATEMENT 20 |
|---------------------|---------------------------------|----------------|
| DESCRIPTION | PER INCOME STATEMENT | PER TAX RETURN |
| BEGINNING INVENTORY | 60,427. | 60,427. |
| ENDING INVENTORY | 0. | 0. |
| PURCHASES | 546,718. | 546,718. |
| TOTAL TO LINE 7 | 607,145. | 607,145. |

| FORM 8916-A | OTHER INTEREST INCOME | | | STATEMENT 21 |
|--------------------------|-------------------------|-------------------------|-------------------------|-------------------|
| DESCRIPTION | PER INCOME STATEMENT | TEMPORARY DIFFERENCE | PERMANENT DIFFERENCE | PER TAX RETURN |
| INTEREST INCOME | 15,864. | 0. | 0. | 15,864. |
| TOTAL TO PART II, LINE 5 | 15,864. | 0. | 0. | 15,864. |

| FORM 8916-A | OTHER INTEREST EXPENSE | | | STATEMENT 22 |
|--|-------------------------|-------------------------|-------------------------|-------------------|
| DESCRIPTION | PER INCOME STATEMENT | TEMPORARY DIFFERENCE | PERMANENT DIFFERENCE | PER TAX RETURN |
| INTEREST EXPENSE FROM TRADE OR BUSINESS | 2,819,995. | -2,819,995. | 0. | 0. |
| TOTAL TO PART III, LINE 4 | 2,819,995. | -2,819,995. | 0. | 0. |

Electronic Filing PDF Attachment

The Applicant proposes to change its method of accounting for specified research or experimental expenditures (as defined under §174(b)) paid or incurred in taxable year(s) beginning after December 31, 2021 to the required §174 method described in section 7.02(1)(b) of Rev. Proc. 2022-14, as modified by Rev. Proc. 2022-11. Under this method, specified research or experimental expenditures are charged to a capital account and amortized ratably over five years (15 years in the case of foreign research described under §41(d)(4)(f)) beginning with the mid-point of the tax year the specified research or experimental expenditures are paid or incurred. The change is requested for the tax year ended December 31, 2022, which is the Applicant's first tax year beginning after December 31, 2021.

The following information is provided pursuant to section 7.02(4)(a)(ii) of Rev. Proc. 2022-14, as modified by Rev. Proc. 2022-11:

- A. Applicant name and EIN: EatStreet, Inc (EIN: 45-4385093)
- B. Year of change: Tax year beginning January 1, 2022 and ended December 31, 2022.
- C. Designated automatic accounting method change number: 265
- D. Description of the type of specified research or experimental expenditures:

The applicant is proposing to change the treatment of Research and Development expenses related to product development, salaries and wages, employer FICA, and legal fees.

The Applicant is not proposing to change the treatment of acquired, leased or licensed computer software or research and experimental expenditures (including software development expenses) paid or incurred in tax years prior to January 1, 2022.
- E. Amount of specified research or experimental expenditures paid or incurred during the year of change: \$2,988,482.
- F. Declaration: the Applicant is changing the method of accounting for specified research or experimental expenditures to capitalize such expenditures to a specified research or experimental capital account, and amortize such amount over either a 5-year period for domestic research or 15-year period for foreign research (as applicable) beginning with the mid-point of the taxable year in which such expenditures are paid or incurred in accordance with the method permitted under §174 for the year of change. Pursuant to §7.02(4)(a)(i) of Rev. Proc. 2022-14, as modified by Rev. Proc. 2022-11, the change is made on a cut-off basis (no §481(a) adjustment).

TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 120

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|-----|
| Total tax | \$ | 50 |
| Less: payments and credits | \$ | 100 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| Overpayment | \$ | 50 |

Overpayment:

| | | |
|------------------------------|----|----|
| Credit to your estimated tax | \$ | 50 |
| Other amount | \$ | 0 |
| Refunded to you | \$ | 0 |

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

Arizona Department of Revenue
P.O. Box 29079
Phoenix, AZ 85038-9079

Return Must be Mailed On or Before:

November 15, 2023

Special Instructions:

Arizona Form
120/165EXTApplication for Automatic Extension of Time to File
Corporation, Partnership, and Exempt Organization Returns

2022

S Corporations and Partnerships: Use Form 204 to request an extension of time to file a composite return on Form 140NR for nonresident individual shareholders or nonresident individual partners.For the ☒ calendar year 2022 or ☐ fiscal year beginning _____ and ending _____.

| | | | | |
|---|--------------------|--------------------------|---|--|
| Name EATSTREET, INC. | | | Employer Identification Number (EIN) ** - *** 5093 | |
| Address - number and street or PO Box 44 E. MIFFLIN ST, STE 400 | | | Business Telephone Number (with area code) 612-598-7469 | |
| City, Town or Post Office MADISON | State WI | ZIP Code 53703 | REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 | |
| A <input type="checkbox"/> Check if this is the first tax return filed under this name and EIN. B <input type="checkbox"/> Check if name and/or address has changed. C <input type="checkbox"/> Check if EIN has changed. Enter prior EIN: _____ | | | 81 PM 66 RCVD | |
| Check type of return to be filed: <input checked="" type="checkbox"/> 120 <input type="checkbox"/> 120A <input type="checkbox"/> 99T <input type="checkbox"/> 99M <input type="checkbox"/> 120S <input type="checkbox"/> 165 | | | | |

All applications for an extension of time to file **must be postmarked on or before the original due date of the return**, unless the original due date falls on Saturday, Sunday, or a legal holiday. In that case, the application must be postmarked on or before the business day following such Saturday, Sunday, or legal holiday.

An Arizona extension for a C corporation cannot be granted for more than seven months beyond the original due date of the return. An Arizona extension for a partnership or S Corporation cannot be granted for more than six months beyond the original due date of the return. Arizona will accept a valid federal extension for the same period of time covered by the Arizona extension.

CHECK ONE BOX

☒ Form 120, Form 120A, Form 99T, or Form 99M:This is a request for an automatic *seven-month extension* until _____☐ Form 120S, or Form 165:This is a request for an automatic *six-month extension* until _____☐ A federal extension will be used to file this tax return. See instructions if this form is being used to transmit the Arizona extension payment.

Extension Date

Taxable Year Ending

11/15/2023

12/31/2022

EXTENSION PAYMENT COMPUTATION Forms 120, 120A, 120S, 99T, or 165 (for partnerships that elected to pay tax at the entity level)

| | | | |
|--|---|----|----|
| 1 Tax liability for the taxable year: See instructions | 1 | 50 | 00 |
| 2 Less estimated tax payments | 2 | 50 | 00 |
| 3 Balance of Tax: Subtract line 2 from line 1. Enter the difference | 3 | 0 | 00 |
| 4 Enter amount of extension payment made electronically. See instructions | 4 | 50 | 00 |
| 5 Enter amount of payment enclosed with this extension. See instructions | 5 | 50 | 00 |

PAYMENT ENCLOSED ►

- Make check payable to Arizona Department of Revenue and **include EIN on payment**.
- Mail application and payment to:
Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.
- Mail application **without** payment to:
Arizona Department of Revenue, PO Box 29079, Phoenix, AZ 85038-9079.

The taxpayer will be liable for the extension underpayment penalty if at least 90 percent of the tax liability disclosed by the return has not been paid by the original due date of the return. Taxpayers subject to the extension underpayment penalty are not subject to the late payment penalty prescribed by A.R.S.

§42-1125(D). Interest accrues on any additional tax due from the original due date of the return until paid.

Taxpayers that have a tax liability of \$500 or more for tax year 2022 must make tax payments by electronic funds transfer.

Declaration

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Please
Sign
Here

SIGNATURE OF OFFICER OR AGENT

04/17/2023

DATE

CEO

TITLE

PRINTED NAME

612-598-7469

BUSINESS PHONE (with area code)

-*9910

AGENT'S TIN

Form **7004**
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**
▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

OMB No. 1545-0233

**Print
or
Type**

Name

EATSTREET, INC.

Identifying number

**** - ***5093**

Number, street, and room or suite no. (If P.O. box, see instructions.)

1574 W BROADWAY ST STE 200 #PMB1005

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

MADISON, WI 53713**Note:** File request for extension by the due date of the return. See instructions before completing this form.**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.**1** Enter the form code for the return listed below that this application is for **12**

| Application Is For: | Form Code | Application Is For: | Form Code |
|---|-----------|-----------------------------------|-----------|
| Form 706-GS(D) | 01 | Form 1120-ND (section 4951 taxes) | 20 |
| Form 706-GS(T) | 02 | Form 1120-PC | 21 |
| Form 1041 (bankruptcy estate only) | 03 | Form 1120-POL | 22 |
| Form 1041 (estate other than a bankruptcy estate) | 04 | Form 1120-REIT | 23 |
| Form 1041 (trust) | 05 | Form 1120-RIC | 24 |
| Form 1041-N | 06 | Form 1120S | 25 |
| Form 1041-QFT | 07 | Form 1120-SF | 26 |
| Form 1042 | 08 | Form 3520-A | 27 |
| Form 1065 | 09 | Form 8612 | 28 |
| Form 1066 | 11 | Form 8613 | 29 |
| Form 1120 | 12 | Form 8725 | 30 |
| Form 1120-C | 34 | Form 8804 | 31 |
| Form 1120-F | 15 | Form 8831 | 32 |
| Form 1120-FSC | 16 | Form 8876 | 33 |
| Form 1120-H | 17 | Form 8924 | 35 |
| Form 1120-L | 18 | Form 8928 | 36 |
| Form 1120-ND | 19 | | |

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a** The application is for calendar year **2022**, or tax year beginning _____, and ending _____
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation.)

| | | |
|---|----------|-----------|
| 6 Tentative total tax | 6 | 0. |
| 7 Total payments and credits. See instructions | 7 | 0. |
| 8 Balance due. Subtract line 7 from line 6. See instructions | 8 | 0. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

Arizona Form
120

Arizona Corporation Income Tax Return

2022

For the ☒ calendar year 2022 or ☐ fiscal year beginning _____ and ending _____.

| | | |
|--|---|---|
| Business Telephone Number (with area code) 866-654-8777 | Name EATSTREET, INC. | Employer Identification Number (EIN) **-***5093 |
| Business Activity Code (from federal Form 1120) 722300 | Address - number and street or PO Box 1574 W BROADWAY ST STE 200 #PMB1005 | |
| | City, Town or Post Office MADISON | State ZIP Code WI 53713 |

68 Check box if: **A** ☐ This is a first return **B** ☐ Name change **C** ☒ Address change

A Is FEDERAL return filed on a consolidated basis? ☐ Yes ☒ No
If "Yes", list EIN of common parent from consolidated return _____

B ARIZONA filing method: See instructions (check only one):
1 ☒ Separate company **2** ☐ Combined (unitary group) **3** ☐ Consolidated

C If ARIZONA filing method is consolidated, enter the last day of the tax year Forms 122 were filed to make the election _____

D If ARIZONA filing method is combined or consolidated, see Form 51 instructions. Is Form 51 included? ☐ Yes ☐ No

E ARIZONA apportionment for Multistate corporations only (check one box):
1 ☐ AIR CARRIER **2** ☒ STANDARD **3** ☐ SALES FACTOR ONLY

F ☐ Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the year of the election cycle:
☐ Yr 1 ☐ Yr 2 ☐ Yr 3 ☐ Yr 4 ☐ Yr 5

G Is this the corporation's final ARIZONA return under this EIN? ☐ Yes ☒ No If "Yes", check one: **1** ☐ Dissolved **2** ☐ Withdrawn
3 ☐ Merged/Reorganized List EIN of the successor corporation, if any _____

H Marijuana Establishments only: **1** ☐ Adult Use only **2** ☐ Dual Lic. elected for-profit **3** ☐ Dual Lic. did not elect for-profit

| | | |
|--|-----|---------------|
| 1 Taxable income per included federal return | 1 | -5,131,799 00 |
| 2 Additions to taxable income from page 2, Schedule A, line A9 | 2 | 173,972 00 |
| 3 Total taxable income: Add lines 1 and 2. Enter the total | 3 | -4,957,827 00 |
| 4 Subtractions from taxable income from page 2, Schedule B, line B11 | 4 | 205,926 00 |
| 5 Adjusted income: Subtract Line 4 from line 3. Enter the difference | 5 | -5,163,753 00 |
| Multistate corporations, go to line 6. 100% Arizona corporations, check box 5a <input type="checkbox"/> Go to line 13 | | |
| 6 Arizona adjusted income from line 5. Multistate corporations only | 6 | -5,163,753 00 |
| 7 Nonapportionable or allocable amounts from page 2, Schedule C, line C8. Multistate corporations only | 7 | 00 |
| 8 Adjusted business income: Subtract line 7 from line 6. Enter the difference. Multistate corporations only | 8 | -5,163,753 00 |
| 9 Arizona apportionment ratio from Schedule E or Schedule ACA | 9 | .003739 |
| 10 Adjusted business income apportioned to Arizona: Line 8 multiplied by line 9. Multistate corporations only | 10 | -19,307 00 |
| 11 Other income allocated to Arizona from page 2, Schedule D, line D6. Multistate corporations only | 11 | 00 |
| 12 Adjusted income attributable to Arizona: Add lines 10 and 11. Multistate corporations only | 12 | -19,307 00 |
| 13 Arizona income before Net Operating Loss (NOL) from line 5 if 100% Arizona, or line 12 if Multistate corporation | 13 | -19,307 00 |
| 14 Arizona basis NOL carryover: Include computation schedule | 14 | 0 00 |
| 15 Arizona taxable income: Subtract line 14 from line 13 | 15 | -19,307 00 |
| 16 Enter tax: Tax is 4.9 percent of line 15 or fifty dollars (\$50), whichever is greater | 16 | 50 00 |
| 17 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 24 | 17 | 00 |
| 18 Subtotal: Add lines 16 and 17. Enter the total | 18 | 50 00 |
| 19 Nonrefundable tax credits claimed on line 20 from Arizona Form 300, Part 2, line 44 | 19 | 00 |
| 20 Enter form number for each nonrefundable credit used: 201 <input type="checkbox"/> 308 202 <input type="checkbox"/> 349 203 <input type="checkbox"/> 308 204 <input type="checkbox"/> 349 | 20 | |
| 21 Tax liability: Subtract line 19 from line 18. Enter the difference | 21 | 50 00 |
| 22 Refundable tax credits: Check box(es) and enter amount: 221 <input type="checkbox"/> 308 222 <input type="checkbox"/> 349 | 22 | 00 |
| 23 Extension payment made with Form 120/165EXT or online: See instructions | 23 | 50 00 |
| 24 Estimated tax payments: 24a <input type="checkbox"/> 50 00 Claim of Right: 24b <input type="checkbox"/> 00 Add 24a and 24b | 24c | 50 00 |
| 25 Total payments: Add lines 22, 23, and 24c. Enter the total | 25 | 100 00 |
| 26 Balance of tax due: If line 21 is larger than line 25, subtract line 25 from line 21. Enter the difference. Skip line 27 | 26 | 00 |
| 27 Overpayment of tax: If line 25 is larger than line 21, subtract line 21 from line 25. Enter the difference | 27 | 50 00 |
| 28 Penalty and interest | 28 | 00 |
| 29 Estimated tax underpayment penalty. If Form 220/PTE is included, check this box 29A <input type="checkbox"/> | 29 | 00 |
| 30 TOTAL DUE: See instructions | 30 | 00 |
| 31 OVERPAYMENT: See instructions | 31 | 50 00 |
| 32 Amount of line 31 to be applied to 2023 estimated tax | 32 | 50 00 |
| 33 Amount to be refunded: Subtract line 32 from line 31 | 33 | 00 |

| | |
|---|--------------------------|
| Name (as shown on page 1) EATSTREET, INC. | EIN **-***5093 |
|---|--------------------------|

SCHEDULE A Additions to Taxable Income

| | |
|---|----------------------|
| A1 Total federal depreciation | A1 141,471 00 |
| A2 Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments | A2 32,501 00 |
| A3 Interest on obligations of other states, foreign countries, or political subdivisions | A3 00 |
| A4 Special deductions claimed on federal return | A4 00 |
| A5 Federal net operating loss deduction claimed on federal return | A5 00 |
| A6 Additions related to Arizona tax credits: See instructions | A6 00 |
| A7 Capital loss from exchange of legal tender | A7 00 |
| A8 Other additions to federal taxable income: See instructions | A8 00 |
| A9 Total: Add lines A1 through A8. Enter the total here and on page 1, line 2 | A9 173,972 00 |

SCHEDULE B Subtractions from Taxable Income

| | |
|---|-----------------------|
| B1 Recalculated Arizona depreciation: See instructions | B1 137,772 00 |
| B2 Basis adjustment for property sold or otherwise disposed of during the taxable year: See instructions | B2 00 |
| B3 Dividends received from 50% or more controlled domestic corporations | B3 00 |
| B4 Foreign dividend gross-up | B4 00 |
| B5 Dividends received from foreign corporations | B5 00 |
| B6 Interest on U.S. obligations | B6 00 |
| B7 Agricultural crops charitable contribution | B7 00 |
| B8 Expenses related to certain federal tax credits: See instructions | B8 00 |
| B9 Capital gain from exchange of legal tender | B9 00 |
| B10 Other subtractions from federal taxable income: See instructions | B10 68,154 00 |
| B11 Total: Add lines B1 through B10. Enter the total here and on page 1, line 4 | B11 205,926 00 |

SCHEDULE C Nonapportionable Income and Expenses (Multistate Corporations Only)

| | | | | |
|--|------------|----|--|----|
| C1 Nonbusiness dividends and interest income: | | | | |
| a Total nonbusiness dividends not deducted in Schedule B | C1a | 00 | | |
| b Interest from nonbusiness sources | C1b | 00 | | |
| c Total nonbusiness dividends and interest: Add lines C1a and C1b | C1c | | | 00 |
| C2 Net royalties from nonbusiness assets: Include schedule. | | | | |
| a Net royalties from nonbusiness real and tangible personal property | C2a | 00 | | |
| b Net royalties from nonbusiness patents and copyrights | C2b | 00 | | |
| c Total net royalties from nonbusiness assets: Add lines C2a and C2b | C2c | | | 00 |
| C3 Net income or (loss) from rental of nonbusiness assets: Include schedule | C3 | | | 00 |
| C4 Net capital gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income: Include schedule | C4 | | | 00 |
| C5 Other income or (loss): Include schedule | C5 | | | 00 |
| C6 Subtotal: Add lines C1c, C2c, and C3 through C5 | C6 | | | 00 |
| C7 Expenses attributable to income derived from a foreign corporation which is not itself subject to Arizona income tax: Include schedule | C7 | | | 00 |
| C8 Total: Subtract line C7 from line C6. Enter the total here and on page 1, line 7 | C8 | | | 00 |

SCHEDULE D Other Income Allocated to Arizona (Multistate Corporations Only)

| | | | | |
|--|------------|----|--|----|
| D1 Nonbusiness dividends and interest income: | | | | |
| a Total nonbusiness dividends | D1a | 00 | | |
| b Interest from nonbusiness sources | D1b | 00 | | |
| c Total nonbusiness dividends and interest: Add lines D1a and D1b | D1c | | | 00 |
| D2 Net royalties from nonbusiness assets: Include schedule. | | | | |
| a Net royalties from nonbusiness real and tangible personal property | D2a | 00 | | |
| b Net royalties from nonbusiness patents and copyrights | D2b | 00 | | |
| c Total net royalties from nonbusiness assets: Add lines D2a and D2b | D2c | | | 00 |
| D3 Net income or (loss) from rental of nonbusiness assets: Include schedule | D3 | | | 00 |
| D4 Net capital gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income: Include schedule | D4 | | | 00 |
| D5 Other income or (loss) directly allocable to Arizona: Include schedule | D5 | | | 00 |
| D6 Total: Add lines D1c, D2c, and D3 through D5. Enter the total here and on page 1, line 11 | D6 | | | 00 |

| | |
|---|----------------------------|
| Name (as shown on page 1) EATSTREET, INC. | EIN ** - ***5093 |
|---|----------------------------|

SCHEDULE E Apportionment Formula (Multistate Corporations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. If the "SALES FACTOR ONLY" box on page 1, line E, is checked, *complete only Section E3, Sales Factor*, lines a through f. See instructions.

E1 Property Factor - STANDARD APPORTIONMENT ONLY

Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value).

a Owned Property (at original cost):

- 1 Inventories
 2 Depreciable assets (do not include construction in progress)
 3 Land
 4 Other assets (describe):
 5 Less: Nonbusiness property (if included in above totals)
 6 Total of section a (the sum of lines 1 through 4 less line 5)

b Rented property (capitalize at 8 times net rent paid)**c Total owned and rented property (Total of section a plus section b)****E2 Payroll Factor - STANDARD APPORTIONMENT ONLY**

Total wages, salaries, commissions and other compensation to employees (per federal Form 1120, or payroll reports)

E3 Sales Factor

- a** Sales delivered or shipped to Arizona purchasers
b Sales from services or from designated intangibles **for qualifying multistate service providers only** (see instructions; include Schedule MSP) ...
c Other gross receipts

d Total sales and other gross receipts (The sum of lines a through c)**e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1)**

- f** Sales Factor Only (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.) Skip line E4 and line E5

STANDARD Apportionment, continue to E4.

SALES FACTOR ONLY Apportionment, enter the amount from

Column C on page 1, line 9

E4 STANDARD Apportionment Total Ratio: Add Column C of lines E1c, E2, and E3f. Enter the total**E5 Average Apportionment Ratio for STANDARD Apportionment:** Divide line E4, Column C, by four (4). Enter the result

on page 1, line 9. (If one of the factors is "0" in both Column A and Column B, see instructions.)

| COLUMN A Total Within Arizona Round to nearest dollar. | COLUMN B Total Everywhere Round to nearest dollar. | COLUMN C Ratio Within Arizona A ÷ B |
|--|--|---|
| | | |
| 0 | 1,225,937 | |
| | | |
| | | |
| | | |
| | 1,225,937 | |
| 0 | 4,130,968 | |
| 0 | 5,356,905 | .000000 |
| 44,405 | 23,299,723 | .001906 |
| | | |
| | | |
| 188,518 | | |
| 188,518 | 28,893,995 | |
| x 2 OR x 1 | | |
| 377,036 | 28,893,995 | .013049 |
| | | .014955 |
| | | .003739 |

SCHEDULE F Schedule of Tax Payments (Include additional sheets if more space is needed.)

| | (a) Name of Corporation | (b) EIN | (c) Payment Date | (d) Estimated Payment | (e) Extension Payment |
|----|----------------------------|--------------|---------------------|--------------------------|--------------------------|
| F1 | EATSTREET, INC. | ** - ***5093 | 04/15/23 | 00 | 50 00 |
| F2 | EATSTREET, INC. | ** - ***5093 | 04/15/22 | 50 00 | 00 |
| F3 | | | | 00 | 00 |
| F4 | | | | 00 | 00 |
| F5 | | | | 00 | 00 |
| F6 | | | | 00 | 00 |
| F7 | Total Tax Payments | | | 50 00 | 50 00 |

| | |
|---|--------------------------|
| Name (as shown on page 1) EATSTREET, INC. | EIN **-***5093 |
|---|--------------------------|

SCHEDULE G Other Information

G1 Date business began in Arizona or date income was first derived from Arizona sources: 01/01/2016

G2 Address at which tax records are located for audit purposes:

Number and Street: 1574 W BROADWAY ST STE 200 #PMB1005

City: MADISON State: WI ZIP Code: 53713

G3 The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (See instructions.)

Name: STEVE ANASTASI Office Phone: 866-654-8777
(Area Code)

Title: CEO

Email: _____ Cell Phone: _____
(Area Code)

G4 List prior taxable years ending in MM/DD/YYYY format for which a federal examination has been finalized:

NOTE: A.R.S. § 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. (See instructions.)

G5 List the taxable years ending in MM/DD/YYYY format for which federal examinations are now in progress and final determination of past examinations is still pending:

G6 List the taxable years ending in MM/DD/YYYY format for which federal waivers of the statute of limitations are in effect and dates on which waivers expire:

Taxable Year Ending:

Waiver Expiration Date:

G7 Indicate tax accounting method: ☐ Cash ☒ Accrual ☐ Other (Specify method.) _____

Multistate taxpayers:

G8 Are the nonbusiness items reported on Schedule C, lines C1 through C5, and/or are the apportionment factor amounts reported on Schedule E, Column B treated consistently on all state tax returns filed under the Uniform Division of Income for Tax Purposes Act?

☒ Yes ☐ No

If "No", the taxpayer must disclose the nature and extent of the variance upon request by the department.

G9 Has the taxpayer changed the way income is apportioned or allocated to Arizona from prior taxable year returns?

☐ Yes ☒ No

If "Yes", include explanation.

| | | | |
|---------------------------------|---|-------------------------|---------------------|
| Declaration | The following declaration must be signed by one of the following officers: president, treasurer, or any other principal officer. | | |
| | Under penalties of perjury, I, the undersigned officer authorized to sign this return, declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona. | | |
| Please Sign Here | OFFICER'S SIGNATURE | DATE | CEO TITLE |
| | OFFICER'S PRINTED NAME | | |
| Paid Preparer's Use Only | DANIEL T. O'CONNOR, CPA | 11/09/2023 | ** - ***9910 |
| | PAID PREPARER'S SIGNATURE | DATE | PAID PREPARER'S TIN |
| | DANIEL T. O'CONNOR, CPA | | |
| | PAID PREPARER'S PRINTED NAME | | |
| | BAKER TILLY US, LLP | | ** - ***9910 |
| | FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) | | FIRM'S EIN |
| PO BOX 7398 | | 608.249.6622 | |
| FIRM'S STREET ADDRESS | | FIRM'S TELEPHONE NUMBER | |
| MADISON | WI | 53707-7398 | |
| CITY | STATE | ZIP CODE | |

**This form must be e-filed unless the corporation has a waiver or is exempt from e-filing.
See instructions for details.**

Name (as shown on page 1)

Document Page 69 of 325

EIN

EATSTREET, INC.

-*5093

SCHEDULE A Additions to Taxable Income Continued**A6** Additions related to Arizona tax credits:**A** Pollution Control Credit:

1 Excess Federal Depreciation or Amortization

2 Excess in Federal Adjusted Basis

B Credit for Taxes Paid for Coal Consumed in Generating Electrical Power**C** Credit for Employment of TANF Recipients**D** Credit for Donation of School Site**E** Credit for Corporate Contributions to School Tuition Organizations**F** Credit for Corporate Contributions to School Tuition Organizations for Displaced Students or Students with Disabilities**G** Total Additions Related to Arizona Tax Credits.

Enter this amount on page 2, Schedule A, line A6

A8 Other additions to federal taxable income:**A** Positive Partnership Income Adjustment**B** Federal Exploration Expenses**C** Federal Amortization or Depreciation for Facilities and Equipment Amortized Under Arizona Law:

1 Pollution Control Devices

2 Child Care Facilities

D Expenses and Interest Relating to Income Not Taxed by Arizona**E** Tax-Exempt Insurance Company Loss**F** Amounts Repaid in Current Taxable Year**G** Excess Federal Capital Loss Carryover Under a Claim of Right Restoration**H** Domestic International Sales Corporations**I** Expenditures for the Americans With Disabilities Act**J** Treatment of Installment Obligations When Corporate Activities Cease in Arizona**K** Total Other Additions to Federal Taxable Income.

Enter this amount on page 2, Schedule A, line A8

SCHEDULE B Subtractions from Taxable Income Continued**B8** Expenses related to certain federal tax credits:**A** Work Opportunity Credit**B** Empowerment Zone Employment Credit**C** Credit for Employer-Paid Social Security Taxes on Employee Cash Tips**D** Indian Employment Credit**E** Total Expenses Related to Certain Federal Tax Credits.

Enter this amount on page 2, Schedule B, line B8

B10 Other subtractions from federal taxable income:**A** Refunds of Taxes Based on Income**B** Negative Partnership Income Adjustment**C** Expense Recapture, Mine Explorations**D** Deferred Exploration Expenses**E** Exploration Expenses: Oil, Gas or Geothermal Resources**F** Arizona Amortization of Facilities and Equipment:

1 Pollution Control Devices

2 Cost of Child Care Facilities

G Interest on Federal Taxable Arizona Obligations Evidenced by Bonds**H** Expenses and Interest Relating to Tax-Exempt Income**I** Tax-Exempt Insurance Company Income**J** Claim of Right Adjustment**K** Dividends from Domestic International Sales Corporation (DISC)**L** Income from Disaster Relief Efforts**M** Expenditures for the Americans with Disabilities Act**N** Contributions in Aid of Construction (see instructions)**O** Marijuana Establishments *only* (see instructions)

1 Federal Disallowed Expenses, or

2 Federal Taxable Income Attributable to NMMD Operations

P Total Other Subtractions from Federal Taxable Income.

Enter this amount on page 2, Schedule B, line B10

ADOR 10336 (22) 237224 10-21-22

AZ Form 520 (2022)

Page 5 of 5

13111109 144198 89475

2022.05000 EATSTREET, INC.

89475__1

| AZ 120 | | ARIZONA BASIS NET OPERATING LOSS CARRYFORWARD | | STATEMENT 1 |
|---|----------|---|-------------------------|----------------|
| | TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING |
| | 12/31/16 | 128,546. | 33,588. | 94,958. |
| | 12/31/17 | 143,544. | 0. | 143,544. |
| | 12/31/18 | 94,044. | 0. | 94,044. |
| | 12/31/19 | 36,854. | 0. | 36,854. |
| NET OPERATING LOSS CARRYFORWARD AVAILABLE | | | | 369,400. |
| CURRENT TAXABLE INCOME (FORM 120) | | | -19,307. | |
| CURRENT YEAR LIMITATION (NOT LESS THAN ZERO) | | | 0. | |
| NET OPERATING LOSS CURRENTLY APPLIED (FORM 120) | | | | 0. |

| AZ 120 | | OTHER SUBTRACTIONS ALLOWABLE | STATEMENT 2 |
|--------------------------|---------|------------------------------|-------------|
| DESCRIPTION | AMOUNT | | |
| DISPOSAL OF FIXED ASSETS | 68,154. | | |
| TOTAL TO FORM 120 | 68,154. | | |

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 100

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|-------|
| Total tax | \$ | 800 |
| Less: payments and credits | \$ | 1,600 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| Overpayment | \$ | 800 |

Overpayment:

| | | |
|------------------------------|----|-----|
| Credit to your estimated tax | \$ | 800 |
| Other amount | \$ | 0 |
| Refunded to you | \$ | 0 |

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the FTB, please sign, date and return Form 8453-C to our office. We will then submit the return to the FTB. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Return Form 8453-C to us by November 15, 2023.

Special Instructions:

TAXABLE YEAR
2022**California Corporation**
Franchise or Income Tax ReturnFORM
100

8152871 EATS **-***5093 000000000000 22
 TYB 01-01-2022 TYE 12-31-2022
 EATSTREET INC

1574 W BROADWAY ST STE 200 PMB
 MADISON WI 53713

Schedule Q Questions (continued on Side 2)

- A FINAL RETURN?** • ☐ Dissolved ☐ Surrendered (withdrawn) ☐ Merged/Reorganized ☐ IRC Section 338 sale ☐ QSub election
 Enter date (mm/dd/yyyy) • _____
- B 1.** Is income included in a combined report of a unitary group? • ☐ Yes ☒ No
- If "Yes," indicate: ☐ Wholly within CA (R&TC 25101.15)
☐ Within and outside of CA
- 2.** Is there a change in the members listed in Schedule R-7 from the prior year? • ☐ Yes ☐ No
- 3.** Enter the number of members (including parent or key corporation) listed in the Schedule R-7, Part I, Section A, subject to income or franchise tax • _____
- 4.** Is form FTB 3544 attached to the return? • ☐ Yes ☒ No
- C 1.** During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • ☐ Yes ☒ No
- 2.** During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • ☐ Yes ☒ No
- 3.** During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under R&TC Section 62 (a)(2) and it was not reported on a previous year's tax return? • ☐ Yes ☒ No

(Yes requires filing of statement, penalties may apply - see instructions.)

| | | | | |
|-------------------|--|-----|------------|----|
| State Adjustments | 1 Net income (loss) before state adjustments. See instructions | • 1 | -5,131,799 | 00 |
| | 2 Amount deducted for foreign or domestic tax based on income or profits from Schedule A | • 2 | 32,501 | 00 |
| | 3 Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A | • 3 | | 00 |
| | 4 Interest on government obligations | • 4 | | 00 |
| | 5 Net California capital gain from Side 6, Schedule D, line 11 | • 5 | | 00 |
| | 6 Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885 | • 6 | 3,699 | 00 |
| | 7 Net income from corporations not included in federal consolidated return. See instructions | • 7 | | 00 |
| | 8 Other additions. Attach schedule(s) SEE STATEMENT 1 | • 8 | 3,708 | 00 |
| | 9 Total. Add line 1 through line 8 | • 9 | -5,091,891 | 00 |

| | | | | | | | |
|---------------------------|--|--|------|----------|-------------|------------------|--|
| State Adjustments (con't) | 10 | Intercompany dividend elimination. Attach Schedule H (100) | • | 10 | | 00 | |
| | 11 | Dividends received deduction. Attach Schedule H (100) | • | 11 | | 00 | |
| | 12 | Additional depreciation allowed under CA law. Attach form FTB 3885 | • | 12 | 0 | 00 | |
| | 13 | Capital gain from federal Form 1120, line 8 | • | 13 | | 00 | |
| | 14 | Charitable Contributions SEE STATEMENT 3 | • | 14 | | 00 | |
| | 15 | Other deductions. Attach schedule(s) SEE STATEMENT 2 | • | 15 | 5,597,043 | 00 | |
| | 16 | Total. Add line 10 through line 15 | • | 16 | 5,597,043 | 00 | |
| CA Net Income | 17 | Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9 | • | 17 | -10,688,934 | 00 | |
| | 18 | Net income (loss) for state purposes. Complete Sch. R if apportioning or allocating income. See instructions | • | 18 | -303,427 | 00 | |
| | 19 | Net operating loss (NOL) deduction. See instructions | • | 19 | | 00 | |
| | 20 | EZ, TTA, or LAMBRA NOL carryover deduction. See instructions | • | 20 | | 00 | |
| | 21 | Disaster loss deduction. See instructions | • | 21 | | 00 | |
| 22 | Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18 | • | 22 | -303,427 | 00 | | |
| Taxes | 23 | Tax. <u>8.8400</u> % x line 22 (at least minimum franchise tax, if applicable). See instructions | • | 23 | 800 | 00 | |
| | 24 | Credit name _____ code • _____ amount ▶ | • | 24 | | 00 | |
| | 25 | Credit name _____ code • _____ amount ▶ | • | 25 | | 00 | |
| | 26 | To claim more than two credits, see instructions | • | 26 | | 00 | |
| | 27 | Add line 24 through line 26 | • | 27 | | 00 | |
| | 28 | Balance. Subtract line 27 from line 23 (at least minimum franchise tax, if applicable) | • | 28 | 800 | 00 | |
| | 29 | Alternative minimum tax. Attach Schedule P (100). See instructions | • | 29 | | 00 | |
| 30 | Total tax. Add line 28 and line 29 | • | 30 | 800 | 00 | | |
| Payments | 31 | Overpayment from prior year allowed as a credit | • | 31 | 800 | 00 | |
| | 32 | 2022 Estimated tax payments. See instructions | • | 32 | | 00 | |
| | 33 | 2022 Withholding (Form 592-B and/or 593). See instructions | • | 33 | | 00 | |
| | 34 | Amount paid with extension of time to file tax return | • | 34 | 800 | 00 | |
| | 35 | Total payments. Add line 31 through line 34 | • | 35 | 1,600 | 00 | |
| Refund or Amount Due | 36 | Use tax. This is not a total line. See instructions | • | 36 | | 00 | |
| | 37 | Payments balance. If line 35 is more than line 36, subtract line 36 from line 35 | • | 37 | 1,600 | 00 | |
| | 38 | Use tax balance. If line 36 is more than line 35, subtract line 35 from line 36 | • | 38 | | 00 | |
| | 39 | Franchise or income tax due. If line 30 is more than line 37, subtract line 37 from line 30 | • | 39 | | 00 | |
| | 40 | Overpayment. If line 37 is more than line 30, subtract line 30 from line 37 | • | 40 | 800 | 00 | |
| | 41 | Amount of line 40 to be credited to 2023 estimated tax | • | 41 | 800 | 00 | |
| | 42 | Refund. Subtract line 41 from line 40 See instructions to have the refund directly deposited. <input type="checkbox"/> Checking <input type="checkbox"/> Savings | • | 42 | 0 | 00 | |
| | 42a. | • Routing number | 42b. | • Type | 42c. | • Account number | |
| | 43 a | Penalties and interest | • | 43a | | 00 | |
| | b | • <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions. | | | | | |
| 44 | Total amount due. Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result | • | 44 | | 00 | | |

Schedule Q Questions (continued from Side 1)

- D If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's-edge election ended (mm/dd/yyyy) • _____
- E Was the corporation's income included in a consolidated federal return? • ☐ Yes ☒ No
- F Principal business activity code. (Do not leave blank): • 722300
 Business activity INTERNET SALES
 Product or service SERVICE

Schedule Q Questions (continued on Side 3)

G Date incorporated (mm/dd/yyyy): 01/01/2012 Where: • State WI Country UNITED STATES

H Date business began in California or date income was first derived from California sources (mm/dd/yyyy) • 03/15/2016

I First return? • ☐ Yes ☒ No If "Yes" and this corporation is a successor to a previously existing business, check the appropriate box.

• (1) ☐ Sole proprietorship (2) ☐ Partnership (3) ☐ Joint venture (4) ☐ Corporation (5) ☐ Other
(Attach statement showing name, address, and FEIN/SSN/ITIN of previous business.)

J "Doing business as" name. See instructions: • _____

K At any time during the taxable year, was more than 50% of the voting stock:

1. Of the corporation owned by any single interest? • ☐ Yes ☒ No

2. Of another corporation owned by this corporation? • ☐ Yes ☒ No

3. Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? • ☐ Yes ☒ No

If 1 or 3 is "Yes," enter the country of the ultimate parent • _____

If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned.

If the owner(s) is an individual, provide the SSN/ITIN and see FTB 1131 EN-SP, for more information.

L Has the corporation included a reportable transaction or listed transaction within this return? (See instructions for definitions) • ☐ Yes ☒ No

If "Yes," complete and attach federal Form 8886 for each transaction.

M Is this corporation apportioning or allocating income to California using Schedule R? • ☒ Yes ☐ No

N How many affiliates in the combined report are claiming immunity from taxation in California under Public Law 86-272? • 0

O Corporation headquarters are: • (1) ☐ Within California (2) ☒ Outside of California, within the U.S. (3) ☐ Outside of the U.S.

P Location of principal accounting records: 1574 W BROADWAY ST STE 200 #PMB1005, MADISON, WI 53713

Q Accounting method: • (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

R Does this corporation or any of its subsidiaries have a Deferred Intercompany Stock Account (DISA)? • ☐ Yes ☒ No

If "Yes," enter the total balance of all DISAs • \$ _____

S Is this corporation or any of its subsidiaries a RIC? • ☐ Yes ☒ No

T Is this corporation treated as a REMIC for California purposes? • ☐ Yes ☒ No

U 1. Is this corporation a REIT for California purposes? • ☐ Yes ☒ No

2. If question U1 is "Yes," does the entity own any qualified REIT subsidiaries that are incorporated or qualified with the California Secretary of State? If yes, see instructions • ☐ Yes ☒ No

V Is this corporation an LLC or limited partnership electing to be taxed as a corporation for federal purposes? • ☐ Yes ☒ No

If "Yes," enter the effective date of the election (mm/dd/yyyy) • _____

W Is this corporation to be treated as a credit union? • ☐ Yes ☒ No

X Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? • ☐ Yes ☒ No

Y Have all required information returns (e.g. federal Forms 1099, 5471, 5472, 8300, 8865, etc.) been filed with the Franchise Tax Board? ☒ N/A ☐ Yes ☐ No



Z Does the taxpayer (or any corporation of the taxpayer's combined group, if applicable) own 80% or more of the stock of an insurance company? • ☐ Yes ☒ No

AA Did the corporation file the federal Schedule UTP (Form 1120)? • ☐ Yes ☒ No

BB Does any member of the combined report own an SMLLC or generate/claim credits that are attributable to an SMLLC? • ☐ Yes ☒ No

CC 1. Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? • ☐ Yes ☒ No

2. If "Yes," when was the last report filed? (mm/dd/yyyy) • _____ 3. Amount last remitted ■ \$ _____

| | | | | |
|--|--|-------------------------|---|--------------------------------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer  | Title CEO | Date | • Telephone 866-654-8777 |
| Officer's email address (optional) STEVE.ANASTASI@EATSTREET.COM | | | | |
| Paid Preparer's Use Only | Preparer's signature  | Date 11/09/23 | Check if self-employed <input type="checkbox"/> | • PTIN P00543528 |
| | Firm's name (or yours, if self-employed) and address BAKER TILLY US, LLP PO BOX 7398 MADISON, WI 53707-7398 | | | • Firm's FEIN ** - ***9910 |
| | | | | • Telephone 608.249.6622 |
| | May the FTB discuss this return with the preparer shown above? See instructions • <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Taxes Deducted. Use additional sheet(s) if necessary.

If the corporation uses California computation method to compute the net income, see instructions.

Schedule F **Computation of Net Income.** See instructions.

| | | | | | | | | |
|------------|--|--|---|--------------------------|--------------------------|--------------------------|------------|----|
| Income | 1 | a) Gross receipts or gross sales | <input checked="" type="radio"/> 29,257,032 | c) Balance | <input type="radio"/> 1c | 28,834,297 | 00 | |
| | | b) Less returns and allowance | <input checked="" type="radio"/> 422,735 | | <input type="radio"/> 2 | 607,145 | 00 | |
| | 2 | Cost of goods sold. Attach federal Form 1125-A (California Schedule V) | | | <input type="radio"/> 3 | 28,227,152 | 00 | |
| | 3 | Gross profit. Subtract line 2 from line 1c | | | <input type="radio"/> 4 | | 00 | |
| | 4 | Total dividends. Attach federal Schedule C (California Schedule H (100)) | | | <input type="radio"/> 5a | | 00 | |
| | 5 | a) Interest on obligations of the United States and U.S. instrumentalities | | | <input type="radio"/> 5b | 15,864 | 00 | |
| | | b) Other interest. Attach schedule | SEE STATEMENT 6 | | <input type="radio"/> 6 | | 00 | |
| | 6 | Gross rents | | | <input type="radio"/> 7 | | 00 | |
| | 7 | Gross royalties | | | <input type="radio"/> 8 | | 00 | |
| | 8 | Capital gain net income. Attach federal Schedule D (California Schedule D) | | | <input type="radio"/> 9 | -1,247,141 | 00 | |
| | 9 | Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1) | | | <input type="radio"/> 10 | 753,000 | 00 | |
| 10 | Other income (loss). Attach schedule | SEE STATEMENT 7 | | <input type="radio"/> 11 | 27,748,875 | 00 | | |
| 11 | Total income. Add line 3 through line 10 | | | | | | | |
| Deductions | 12 | Compensation of officers. Attach federal Form 1125-E or equivalent schedule | <input type="radio"/> 12 | 895,543 | 00 | STMT 5 | | |
| | 13 | Salaries and wages (not deducted elsewhere) | <input type="radio"/> 13 | 12,399,234 | 00 | | | |
| | 14 | Repairs and maintenance | <input checked="" type="radio"/> 14 | 16,823 | 00 | | | |
| | 15 | Bad debts | <input type="radio"/> 15 | | 00 | | | |
| | 16 | Rents | <input type="radio"/> 16 | 372,244 | 00 | | | |
| | 17 | Taxes (California Schedule A). See instructions | <input type="radio"/> 17 | 2,277,826 | 00 | | | |
| | 18 | Interest. Attach schedule | <input type="radio"/> 18 | | 00 | | | |
| | 19 | Charitable Contributions. Attach schedule | <input type="radio"/> 19 | | 00 | | | |
| | 20 | Depreciation. Attach fed Form 4562 & FTB 3885 | <input checked="" type="radio"/> 20 | 141,471 | 00 | | | |
| | 21 | Less depreciation claimed elsewhere on return | <input checked="" type="radio"/> 21a | | 00 | | | |
| | 22 | Depletion. Attach schedule | <input type="radio"/> 22 | | 00 | | | |
| | 23 | Advertising | <input checked="" type="radio"/> 23 | 2,309,205 | 00 | | | |
| | 24 | Pension, profit-sharing plans, etc. | <input checked="" type="radio"/> 24 | 296,795 | 00 | | | |
| | 25 | Employee benefit plans | <input checked="" type="radio"/> 25 | 1,336,864 | 00 | | | |
| | 26 | a) Total travel and entertainment | <input checked="" type="radio"/> 217,887 | | | | | |
| | | b) Deductible amounts | <input type="radio"/> 26b | 200,470 | 00 | | | |
| | 27 | Other deductions. Attach schedule | SEE STATEMENT 8 | <input type="radio"/> 27 | 12,634,199 | 00 | | |
| | 28 | Specific deduction for organizations under R&TC Section 23701r or 23701t. See instr | <input type="radio"/> 28 | | 00 | | | |
| | 29 | Total deductions. Add line 12 through line 28 | | | | <input type="radio"/> 29 | 32,880,674 | 00 |
| | 30 | Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1 | | | | <input type="radio"/> 30 | -5,131,799 | 00 |

Schedule J Add-On Taxes and Recapture of Tax Credits. See instructions.

| | | | |
|---|---|----|----|
| 1 | LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$ _____ | 1 | 00 |
| 2 | Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834) _____ | 2 | 00 |
| 3 | Interest on tax attributable to installment: a Sales of certain timeshares and residential lots _____ | 3a | 00 |
| | b Method for nondealer installment obligations _____ | 3b | 00 |
| 4 | IRC Section 197(f)(9)(B)(ii) election _____ | 4 | 00 |
| 5 | Credit recapture name: _____ | 5 | 00 |
| 6 | Combine line 1 through line 5, revise Side 2, line 39 or line 40, whichever applies, by this amount. Write "Schedule J" to the left of line 39 or line 40 _____ | 6 | 00 |

Schedule V Cost of Goods Sold

| | | | | |
|---|---|----|---------|----|
| 1 | Inventory at beginning of year | 1 | 60,427 | 00 |
| 2 | Purchases | 2 | 546,718 | 00 |
| 3 | Cost of labor | 3 | | 00 |
| 4 | a Additional IRC Section 263A costs. Attach schedule | 4a | | 00 |
| | b Other costs. Attach schedule | 4b | | 00 |
| 5 | Total. Add line 1 through line 4b | 5 | 607,145 | 00 |
| 6 | Inventory at end of year | 6 | | 00 |
| 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and on Side 4, Schedule F, line 2 | 7 | 607,145 | 00 |

Method of inventory valuation **COST**

Was there any change in determining quantities, costs of valuations between opening and closing inventory? If "Yes," attach an explanation. ☐ Yes ☒ No

Enter California seller's permit number, if any

Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐

If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? ☐ Yes ☒ No

The corporation may not be required to complete Schedules L, M-1, and M-2. See Schedule M-1 instructions for reporting requirements.

Schedule L Balance Sheet

| | Beginning of taxable year | | End of taxable year | |
|--|---------------------------|-------------|---------------------|-------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 7,221,830 | | 549,906 |
| 2 a Trade notes and accounts receivable | 1,814,007 | | 1,157,082 | |
| b Less allowance for bad debts | () | 1,814,007 | () | 1,157,082 |
| 3 Inventories | | 60,427 | | |
| 4 Federal and state government obligations | | | | |
| 5 Other current assets. Attach sch(s) STMT 9 | | 1,336,418 | | 715,548 |
| 6 Loans to stockholders/officers. Att sch | | | | |
| 7 Mortgage and real estate loans | | | | |
| 8 Other investments. Attach sch(s) | | | | |
| 9 a Buildings and other fixed depreciable assets | 3,424,296 | | 355,657 | |
| b Less accumulated depreciation | (2,332,109) | 1,092,187 | (253,876) | 101,781 |
| 10 a Depletable assets | | | | |
| b Less accumulated depletion | () | () | | |
| 11 Land (net of any amortization) | | | | |
| 12 a Intangible assets (amortizable only) | 4,923,771 | | 4,923,771 | |
| b Less accumulated amortization | (2,621,865) | 2,301,906 | (2,961,075) | 1,962,696 |
| 13 Other assets. Attach sch(s) STMT 10 | | 65,679 | | |
| 14 Total assets | | 13,892,454 | | 4,487,013 |
| Liabilities and Stockholders' Equity | | | | |
| 15 Accounts payable | | 4,934,063 | | 3,264,720 |
| 16 Mortgages, notes, bonds payable in less than 1 year | | 2,000,000 | | 2,000,000 |
| 17 Other current liabilities. Att. sch(s) STMT 11 | | 4,394,168 | | 8,145,365 |
| 18 Loans from stockholders. Att. sch(s) | | | | 19,582 |
| 19 Mortgages, notes, bonds payable in 1 year or more | | 7,000,000 | | 4,637,912 |
| 20 Other liabilities. Attach sch(s) STMT 12 | | 137,507 | | 43,709 |
| 21 Capital stock: a Preferred stock | 5,253 | | 5,253 | |
| b Common stock | 1,052 | 6,305 | 1,052 | 6,305 |
| 22 Paid-in or capital surplus. Attach reconciliation | | 51,687,721 | | 55,900,492 |
| 23 Retained earnings - Appropriated. Att. sch. | STMT 13 | | | 99,959 |
| 24 Retained earnings - Unappropriated | | -56,220,769 | | -69,631,031 |
| 25 Adjustments to shareholders' equity. Att. sch. | | | | |
| 26 Less cost of treasury stock | | (46,541) | | () |
| 27 Total liabilities and stockholders' equity | | 13,892,454 | | 4,487,013 |

Schedule M-1

Reconciliation of Income (Loss) per Books With Income (Loss) per Return.
 If the corporation completed federal Sch M-3 (Form 1120/1120F), see instructions.

| | | | |
|--|--------------|---|------------|
| 1 Net income per books | -13,410,262 | 7 Income recorded on books this year not included in this return (itemize) | |
| 2 Federal income tax | | a Tax-exempt interest | |
| 3 Excess of capital losses over capital gains | | b Other | \$ 319,125 |
| 4 Taxable income not recorded on books this year (itemize) | | c Total. Add line 7a and line 7b | 319,125 |
| 5 Expenses recorded on books this year not deducted in this return (itemize) | | 8 Deductions in this return not charged against book income this year (itemize) | |
| a Depreciation | \$ 421,557 | a Depreciation | \$ |
| b State taxes | \$ | b State tax refunds | \$ |
| c Travel and entertainment | \$ 17,417 | c Other | \$ |
| d Other | \$ 8,158,614 | d Total. Add line 8a through line 8c | |
| e Total. Add line 5a through line 5d | 8,597,588 | 9 Total. Add line 7c and line 8d | 319,125 |
| 6 Total. Add line 1 through line 5e | -4,812,674 | 10 Net income per return. Subtract line 9 from line 6 | -5,131,799 |

Schedule M-2

Analysis of Unappropriated Retained Earnings per Books (Side 5, Schedule L, line 24)

| | | | |
|------------------------------------|-------------|---|-------------|
| 1 Balance at beginning of year | -56,220,769 | 5 Distributions: a Cash | |
| 2 Net income per books | -13,410,262 | b Stock | |
| 3 Other increases (itemize) | | c Property | |
| 4 Total. Add line 1 through line 3 | -69,631,031 | 6 Other decreases (itemize) | |
| | | 7 Total. Add line 5 and line 6 | |
| | | 8 Balance at end of year. Subtract line 7 from line 4 | -69,631,031 |

Schedule D

California Capital Gains and Losses

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less. Use additional sheet(s) if necessary.

| (a) Kind of property and description (Example, 100 shares of Z Co.) | (b) Date acquired (mm/dd/yyyy) | (c) Date sold (mm/dd/yyyy) | (d) Gross sales price | (e) Cost or other basis plus expense of sale | (f) Gain (loss) (d) less (e) |
|--|--------------------------------------|----------------------------------|--------------------------|--|------------------------------------|
| 1 | | | | | 00 |
| 2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37 | | | | 2 | 00 |
| 3 Unused capital loss carryover from 2021 | | | | 3 | 00 |
| 4 Net short-term capital gain (loss). Combine line 1 through line 3 | | | | 4 | 00 |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year. Use additional sheet(s) if necessary.

| | | | | | |
|---|--|--|--|----|----|
| 5 | | | | | 00 |
| 6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions | | | | 6 | 00 |
| 7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37 | | | | 7 | 00 |
| 8 Net long-term capital gain (loss). Combine line 5 through line 7 | | | | 8 | 00 |
| 9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8) | | | | 9 | 00 |
| 10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4) | | | | 10 | 00 |
| 11 Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5. If losses exceed gains, carry forward losses to 2023 | | | | 11 | 00 |

TAXABLE YEAR

Sales of Business Property239241 12-06-22
CALIFORNIA SCHEDULE**2022**

(Also Involuntary Conversions and Recapture Amounts Under IRC Sections 179 and 280F(b)(2))

D-1**Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.**

Name(s) as shown on tax return

SSN, ITIN, CA SOS file no., California Corp. no., or FEIN

EATSTREET INC**** - ***5093****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year.** Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on federal Form 1099-B, Proceeds from Broker and Barter Exchange Transactions, or federal Form 1099-S, Proceeds from Real Estate Transactions (or a substitute statement), that you are including on line 2 or line 10, column (d), or line 23 **1a**
- b** Enter the total amount of gain that you are including on lines 2, 10, and 27 due to the partial dispositions of MACRS assets. See instructions **1b**
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets. See instructions **1c**

| 2 | (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Date sold (mm/dd/yyyy) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (Loss) Subtract (f) from the sum of (d) and (e) |
|---|--------------------------------|-----------------------------------|-------------------------------|--------------------------|---|---|--|
| | | | | | | | |
| | | | | | | | |
| | STATEMENT | 17 | | 207,667 | 1010466 | 2,460,414 | -1,242,281 |

- 3** Gain, if any, from federal Form 4684, line 39 **3**
- 4** IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37 **4**
- 5** IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts) **5**
- 6** Gain, if any, from line 35, from other than casualty and theft **6**
- 7** Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows: **7 -1,242,281**

IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instr. **Partnerships or LLCs (classified as partnerships):** Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. **S corporations:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. **All others:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: **Forms 540 and 540NR filers,** enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; **Forms 100 and 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.

- 8** Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions **STMT 16** **8 861**
- 9** Subtract line 8 from line 7. If zero or less, enter -0- **9 0**

S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. **All others:** If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: **Forms 540 and 540NR filers,** enter as a capital gain on Schedule D (540 or 540NR), line 1; **Forms 100 and 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.

Part II Section A - Ordinary Gains and Losses**10** Ordinary gains and losses not included on line 11 through line 16 (include property held 1 year or less):

| | | | | | | |
|--|------------------|-----------|--|--------------|--------------|---------------|
| | | | | | | |
| | | | | | | |
| | STATEMENT | 18 | | 2,734 | 7,594 | -4,860 |

- 11** Loss, if any, from line 7 **11 (1,242,281)**
- 12** Gain, if any, from line 7, or amount from line 8, if applicable. See instructions **12**
- 13** Gain, if any, from line 34 **13**
- 14** Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts) **14**
- 15** Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions **15**
- 16** Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts) **16**
- 17** Combine line 10 through line 16 **17 -1,247,141**

18 For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below; see instructions.

- a** If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions **18a**
- b** Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20 **18b**

Part II Section B - Adjusting California Ordinary Gain or Loss For individual tax returns (Forms 540 and 540NR) only.

| | | | | |
|----|--|-----------------------|-----|--|
| 19 | Enter ordinary federal gain or (loss) from federal Schedule 1 (Form 1040), line 4 | <input type="radio"/> | 19 | |
| 20 | Enter ordinary California gain or (loss) from line 18b | <input type="radio"/> | 20 | |
| 21 | Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions. | | | |
| a | If line 19 is more than line 20, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. B | <input type="radio"/> | 21a | |
| b | If line 20 is more than line 19, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. C | <input type="radio"/> | 21b | |

Part III Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255

| Description of IRC Sections 1245, 1250, 1252, 1254, and 1255 property. | | Date acquired (mm/dd/yyyy) | Date sold (mm/dd/yyyy) | | |
|--|--|-------------------------------|---------------------------|-----------------------|-----------------------|
| 22 | A <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| | B <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| | C <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| | D <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| Relate the properties on lines 22A through 22D to these columns | | Property A | Property B | Property C | Property D |
| 23 | Gross sales price | 23 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24 | Cost or other basis plus expense of sale | 24 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25 | Depreciation (or depletion) allowed or allowable | 25 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26 | Adjusted basis. Subtract line 25 from line 24 | 26 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27 | Total gain. Subtract line 26 from line 23 | 27 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28 | If IRC Section 1245 property: | | | | |
| a | Depreciation allowed or allowable from line 25 | 28a <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b | Enter the smaller of line 27 or line 28a | 28b <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29 | If IRC Section 1250 property: If straight-line depreciation was used, enter -0- on line 29g, except for a corporation subject to IRC Sec. 291: | | | | |
| a | Additional depreciation after 12/31/76 | 29a <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b | Applicable percentage multiplied by the smaller of line 27 or line 29a | 29b <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c | Subtract line 29a from line 27. If line 27 is not more than line 29a, skip line 29d and line 29e | 29c <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d | Additional depreciation after 12/31/70 and before 1/1/77 | 29d <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e | Enter the smaller of line 29c or line 29d | 29e <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f | IRC Section 291 amount (for corporations only) | 29f <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g | Add line 29b, line 29e, and line 29f | 29g <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30 | If IRC Section 1252 property: Skip section if you did not dispose of farm land or if form is being completed for a partnership. | | | | |
| a | Soil, water, and land clearing expenses | 30a <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b | Applicable percentage multiplied by line 30a | 30b <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c | Enter the smaller of line 27 or line 30b | 30c <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31 | If IRC Section 1254 property: | | | | |
| a | Intangible drilling and development costs deducted after 12/31/76 | 31a <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b | Enter the smaller of line 27 or line 31a | 31b <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32 | If IRC Section 1255 property: | | | | |
| a | Applicable percentage of payments excluded from income under IRC Section 126 | 32a <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b | Enter the smaller of line 27 or line 32a | 32b <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Summary of Part III Gains. Complete property column A through column D for line 23 through line 32b before going to line 33.

| | | | | |
|----|--|-----------------------|----|--|
| 33 | Total gains for all properties. Add column A through column D of line 27 | <input type="radio"/> | 33 | |
| 34 | Add column A through column D of lines 28b, 29g, 30c, 31b, and 32b. Enter here and on line 13 | <input type="radio"/> | 34 | |
| 35 | Subtract line 34 from line 33. Enter the portion from other than casualty and theft here and on line 6. Enter the portion from casualty and theft on federal Form 4684, line 33 | <input type="radio"/> | 35 | |

Part IV Recapture Amounts Under IRC Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

| | | |
|----|---|-------------------------|
| | (a) Expense deductions | (b) Recovery deductions |
| 36 | Expense deductions or recovery deductions. See instructions | <input type="radio"/> |
| 37 | Depreciation or recovery deductions. See instructions | <input type="radio"/> |
| 38 | Recapture amount. Subtract line 37 from line 36. See instructions | <input type="radio"/> |

TAXABLE YEAR

CALIFORNIA SCHEDULE

2022**Apportionment and Allocation of Income****R**

Attach this schedule behind the California tax return and prior to the supporting schedules.

For calendar year 2022 or fiscal year beginning month (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

EATSTREET INC**8152871****Water's-Edge Filers Only:** If controlled foreign corporations are included in the combined report, attach form FTB 2416.**Complete Schedule R (Side 1 and Side 2) and all applicable Schedules (R-1 through R-7). See General Information for Schedule R.**

| | | | |
|--|------------|--------------------|-----------|
| 1 a Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13e from Schedule K (565 or 568) | 1a | -10,688,934 | 00 |
| b Water's-edge foreign investment interest offset from form FTB 2424, line 17 | 1b | | 00 |
| c Total. Combine line 1a and line 1b | 1c | -10,688,934 | 00 |
| Nonbusiness Income (Loss) from All Sources. See General Information A for definitions and examples. | | | |
| 2 Dividends included on line 1a and not deducted on Form 100, Side 2, line 11; Form 100W, Side 2, lines 11a/b; or Form 100S, Side 2, lines 9 and 10 | 2 | | 00 |
| 3 Interest. Attach schedule | 3 | | 00 |
| 4 Net income (loss) from the rental of property from Schedule R-3, line 3, column (c) | 4 | | 00 |
| 5 Royalties. Attach schedule | 5 | | 00 |
| 6 Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e) | 6 | | 00 |
| 7 Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach sch | 7 | | 00 |
| 8 Miscellaneous nonbusiness income (loss). Attach schedule | 8 | | 00 |
| 9 Total nonbusiness income (loss). Combine line 2 through line 8 | 9 | | 00 |
| Business Income (Loss) before Apportionment (subject to a separate apportionment formula) | | | |
| 10 Nonunitary partnership or LLC business income (loss) | 10 | | 00 |
| 11 Income (loss) from a separate trade or business. Attach supplemental Schedule R | 11 | | 00 |
| 12 Business income (loss) deferred from prior years. See General Information L | 12 | | 00 |
| 13 Capital gain (loss) netting subject to separate apportionment. See Gen Information M | 13 | | 00 |
| 14 Total separately apportionable business income (loss). Combine line 10 through line 13 | 14 | | 00 |
| 15 Tot business inc (loss) subject to apportionment for this trade or business, subtract the sum of ln 9 and ln 14 from ln 1c | 15 | -10,688,934 | 00 |
| 16 Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only) | 16 | | 00 |
| 17 Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16 | 17 | -10,688,934 | 00 |
| 18 a Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5 | 18a | 2.8387 | % |
| b Business income (loss) apportioned to California. Multiply line 17 by line 18a | 18b | -303,427 | 00 |
| Nonbusiness Income (Loss) Allocable to California. If no income (loss) is allocable to California, do not complete line 19 through line 26, enter -0- on line 27 and go to Side 2, line 28. | | | |
| 19 Dividends and interest income (if taxpayer's commercial domicile is in California): | | | |
| a Dividends included in line 2 above | 19a | | 00 |
| b Interest included in line 3 above | 19b | | 00 |
| 20 Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b) | 20 | | 00 |
| 21 Royalties. Attach schedule | 21 | | 00 |
| 22 Gain (loss) from the sale of assets within California from Schedule R-4, line 2, total of column (b) and column (d). Combined reporting groups, see General Information M | 22 | | 00 |
| 23 Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule | 23 | | 00 |
| 24 Miscellaneous nonbusiness income (loss). Attach schedule | 24 | | 00 |
| 25 Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24 | 25 | | 00 |
| 26 Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J | 26 | | 00 |
| 27 Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25 | 27 | | 00 |

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

EATSTREET INC

8152871

California Business Income (Loss) subject to a separate apportionment formula.

| | | | | | | |
|---|--|---|-----------|-----------|-----------|--|
| 28 | California business income (loss) from a nonunitary partnership or LLC | • | 28 | | 00 | |
| 29 | California income (loss) from a separate trade or business. Attach supplemental schedule R. | • | 29 | | 00 | |
| 30 | California business income (loss) deferred from prior yrs. See General Information L | • | 30 | | 00 | |
| 31 | Total business income (loss) separately apportioned to California. Combine line 28 through line 30 | • | 31 | | 00 | |
| Net Income (Loss) for California Purpose | | | | | | |
| 32 | Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M | • | 32 | | 00 | |
| 33 | Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32 | • | 33 | - 303,427 | 00 | |
| 34 | Contributions adjustment from Schedule R-6, line 15 | • | 34 | | 00 | |
| 35 | Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15 | • | 35 | - 303,427 | 00 | |

**Complete the applicable
Schedules R-1 through R-7,
starting on Side 3.**

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

EATSTREET INC**8152871****Schedule R-1 Apportionment Formula.****Part A Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

| See General Information G and Specific Instructions. | (a) Total within and outside California | (b) Total within California | (c) Percent within California ((b) ÷ (a)) × 100 |
|---|--|--------------------------------|---|
| 1 Sales: Gross receipts, less returns, and allowances | | | |
| a Sales delivered or shipped to California purchasers. | | | |
| (i) Shipped from outside California | | | |
| (ii) Shipped from within California | | | |
| b Sales shipped from California to: | | | |
| (i) The United States Government | | | |
| (ii) Purchasers in a state where the taxpayer is not taxable | | • | |
| c Total other gross receipts | • 28,893,995 | | |
| (i) Sales from services | | • | |
| (ii) Sales or other income from intangibles | | • | |
| (iii) Sales from rental, leasing or licensing of tangible or real property | | • | |
| (iv) Sales from other gross receipts | | • 820,211 | |
| d Sales from partnerships or LLCs treated as partnerships | • | • | |
| Total sales | • 28,893,995 | • 820,211 | |
| 2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Schedule R, Side 1, line 18a. See General Information H | | | • 2.8387 % |

Part B Three-Factor Formula. Complete this part only if the corporation uses the three-factor formula.

| | (a) Total within and outside California | (b) Total within California | (c) Percent within California ((b) ÷ (a)) × 100 |
|--|--|--------------------------------|---|
| 1 Property: Use the average yearly value of owned real and tangible personal property used in the business at original cost. See General Information E. Exclude property not connected with the business and the value of construction in progress. | | | |
| Inventory | | | |
| Buildings | | | |
| Machinery and equipment (including delivery equipment) | | | |
| Furniture and fixtures | | | |
| Land | | | |
| Other tangible assets. Attach schedule | | | |
| Rented property used in the business. See General Information E | | | |
| Total property | • | • | • % |
| 2 Payroll: Use employee wages, salaries, commissions, and other compensation related to business income. See General Information F. | | | |
| Total payroll | • | • | • % |
| 3 Sales: Gross receipts, less returns, and allowances. See General Information G and Specific Instructions | | | |
| a Sales delivered or shipped to California purchasers. | | | |
| (i) Shipped from outside California | | | |
| (ii) Shipped from within California | | | |
| b Sales shipped from California to: | | | |
| (i) The United States Government | | | |
| (ii) Purchasers in a state where the taxpayer is not taxable | | | |
| c Total other gross receipts | • | • | |
| Total sales | • | • | • % |
| 4 Total percent. Add the percentages in col (c) | | | % |
| 5 Apportionment percentage. Divide line 4 by 3, enter the result here and on Schedule R, Side 1, line 18a. See General Information H | | | • % |

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

EATSTREET INC**8152871****Schedule R-2 Sales and General Questionnaire.** Attach additional sheets if necessary.

- 1 Describe briefly the nature and location(s) of the California business activities. **ONE EMPLOYEE AND SALES TO CA RESTAURANTS**
- 2 State the exact title and principal business activity of all joint ventures, partnerships, or LLCs in which the corporation has an interest.
- 3 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California where the purchaser is the U.S. Government? ☐ Yes ☒ No If "No," explain. **N/A**
- 4 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California to states in which the taxpayer is not subject to tax? See General Information G and Specific Instructions. ☐ Yes ☒ No If "No," explain. **NO SALES SHIPPED FROM CA**
- 5 a Did the taxpayer use reasonable approximation to assign sales under Schedule R-1, Part A, line 1c (i)-(iv)? ☐ Yes ☒ No
If "Yes," provide a brief description.
- b Did the taxpayer change reasonable approximation method to assign sales from the last tax return filed? See Specific Instructions ☐ Yes ☒ No
If "Yes," provide a brief description of the new method.
- 6 Are the nonbusiness items reported on Schedule R, Side 1, line 2 through line 8, and the apportionment factor items reported on Schedule R-1 treated consistently on all state tax returns filed by the taxpayer? ☒ Yes ☐ No If "No," explain.
- 7 Has this corporation or any member of its combined unitary group changed the way income is apportioned or allocated to California from prior year tax returns? See General Information I. ☐ Yes ☒ No If "Yes," explain.
- 8 Does the California sales figure on Schedule R-1 (or comparable sch in a combined report) include all sales shipped to California destinations? ☒ Yes ☐ No
If "No," indicate the name of the selling member and the nature of the sales activity believed to be immune.
- 9 Does the California sales figure on Schedule R-1 (or comparable schedule in a combined report) include all sales delivered to customers outside California which have an ultimate destination in California? ☒ Yes ☐ No If "No," explain.

Schedule R-3 Net Income (Loss) from the Rental of Nonbusiness Property

| | (a) Total outside California | (b) Total within California | (c) Total outside and within California (a) + (b) |
|--|------------------------------------|-----------------------------------|---|
| 1 Income from rents | | | |
| 2 Rental deductions | | | |
| 3 Net income (loss) from rents. Subtract line 2 from line 1. Enter the result here and enter column (c) on Side 1, line 4; enter column (b) on Side 1, line 20 | | ● | ● |

Schedule R-4 Gain (Loss) from the Sale of Nonbusiness Assets

California sales of nonbusiness assets include transactions involving: (1) real property located in California; (2) tangible personal property, if it had a situs in California at the time of sale, or if the corporation is commercially domiciled in California and not taxable in the state where the property had a situs at the time of sale; and (3) intangible personal property if the corporation's commercial domicile is in California or the income is otherwise allocable to California.

| Description of property sold | Real estate and other tangible assets | | Intangible assets | | Total |
|------------------------------|---|--|---|--|---|
| | (a) Gain (loss) from outside California | (b) Gain (loss) from within California | (c) Gain (loss) from outside California | (d) Gain (loss) from within California | (e) Gain (loss) (a) + (b) + (c) + (d) |
| 1 | ● | ● | ● | ● | ● |
| | ● | ● | ● | ● | ● |
| | ● | ● | ● | ● | ● |
| 2 Total gain (loss) | ● | ● | ● | ● | ● |

Enter total gain (loss) line 2, column (e) on Side 1, line 6 and enter total of line 2, columns (b) and (d) on Side 1, line 22.

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

EATSTREET INC**8152871****Schedule R-5****Computation of Interest Offset.** Complete only if there are entries on line 2 and/or line 3 of Schedule R and if Schedule R-1 is required. See General Information J. **(California domiciliary only)**

| | | | |
|--|----|--|--|
| 1 Total interest expense deducted | 1 | | |
| 2 Water's-edge foreign investment interest offset from Side 1, line 1b | 2 | | |
| 3 Balance. Subtract line 2 from line 1 | 3 | | |
| 4 Total interest income (Form 100 or Form 100W, Side 1, line 4 and Schedule F, line 5a and line 5b; or Form 100S, Side 1, line 3 and interest income included on Schedule F, line 5 or Schedule K, line 4) | 4 | | |
| 5 Nonbusiness interest income from Side 1, line 3 | 5 | | |
| 6 Business interest income. Subtract line 5 from line 4 | 6 | | |
| 7 Excess interest expense over business interest income. Subtract line 6 from line 3. If line 6 exceeds line 3, enter -0- here and on Side 1, line 16, and do not complete the rest of this schedule <input checked="" type="radio"/> | 7 | | |
| 8 Total dividend income | 8 | | |
| 9 Deducted dividends from Form 100, Side 2, lines 10 and 11; Form 100W, Side 2, lines 10 and 11a/b; or Form 100S, Side 2, lines 9 and 10 | 9 | | |
| 10 Net dividend income. Subtract line 9 from line 8 | 10 | | |
| 11 Business dividend income | 11 | | |
| 12 Deducted dividends from Form 100, Side 2, lines 10 and 11; Form 100W, Side 2, lines 10 and 11a/b; or Form 100S, Side 2, lines 9 and 10, attributable to business dividend income | 12 | | |
| 13 Net business dividend income. Subtract line 12 from line 11 | 13 | | |
| 14 Net nonbusiness dividend income. Subtract line 13 from line 10 | 14 | | |
| 15 Total nonbusiness interest and dividend income. Add line 5 and line 14 | 15 | | |
| 16 Enter the lesser of line 7 or line 15. Enter here and on Side 1, line 16 <input checked="" type="radio"/> | 16 | | |

If interest and/or dividend income is reported on Side 1, line 19a or line 19b, enter the allocable portion of Schedule R-5, line 16 on Side 1, line 26.

See General Information J. If no interest or dividend income is reported on Side 1, line 19a or line 19b, **do not** deduct any interest expense on Side 1, line 26.**Schedule R-6****Contributions Adjustment.** See General Information N.

| | | |
|--|-----|-------------|
| 1 Total contributions paid (current year and carryover amount) | 1 | 10,092 |
| 2 Net income (loss) after state adjustments from Side 1, line 1c | 2 | -10,688,934 |
| 3 Portion of dividends deductible under R&TC Sections 24410 and 24411 (from Form 100, Side 2, line 11; Form 100W, lines 11a/b; or Form 100S, lines 9 and 10), and other adjustments. See General Information N | 3 | |
| 4 Contributions deducted on Form 100, Form 100W, or Form 100S | 4 | |
| 5 Total. Add line 2 through line 4. If zero or less, enter -0- | 5 | 0 |
| 6 Multiply line 5 by 10% (.10) | 6 | |
| 7 Net income (loss) for state purposes before contributions adjustment from Side 2, line 33 | 7 | -303,427 |
| 8 Business dividends deductible on line 3 multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5 | 8 | |
| 9 Amount of line 3 attributable to nonbusiness dividends reported on Side 1, line 19a | 9 | |
| 10 Contributions deducted (from line 4 above) multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5 | 10 | |
| 11 Total. Add line 7 through line 10. If zero or less, enter -0- | 11 | 0 |
| 12 Multiply line 11 by 10% (.10) | 12 | |
| Contributions Adjustment | | |
| 13 Enter the amount shown on line 10 | 13 | |
| 14 Amount of contributions allowable: | | |
| a If line 1 equals or exceeds line 6, enter the lesser of line 1 or line 12 | 14a | |
| b If line 1 is less than line 6, divide line 11 by line 5. Then multiply line 1 by the result and enter here | 14b | |
| 15 Contributions adjustment. Subtract line 14a or line 14b from line 13. Enter here and on Side 2, line 34. If the result is a negative amount, enter in brackets <input checked="" type="radio"/> | 15 | |

TAXABLE YEAR

Net Operating Loss (NOL) Computation and

Document Page 85 of 325

CALIFORNIA FORM

2022**NOL and Disaster Loss Limitations - Corporations****3805Q**

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

EATSTREET INC**8152871**During the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ C corporation☐ S corporation ☐ Exempt organization ☐ Limited liability company (electing to be taxed as a corporation)

FEIN

**** - ***5093**

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number 1 **303,427** 00

2 2022 disaster loss included in line 1. Enter as a positive number 2 00

3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions 3 **303,427** 00

4 a Enter the amount of the loss incurred by a new business included in line 3 4a 00

b Enter the amount of the loss incurred by an eligible small business included in line 3 4b 00

c Add line 4a and line 4b 4c 00

5 General NOL. Subtract line 4c from line 3 5 **303,427** 006 Current year NOL. Add line 2, line 4c, and line 5. See instructions ☒ 6 **303,427** 00**Part II NOL carryover and disaster loss carryover limitations.** See instructions.1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). ☒

(g) Available balance

0

Prior Year NOLs

| (a) Year of loss | (b) Code - See instructions | (c) Type of NOL - See below * | (d) Initial loss - See instructions | (e) Carryover from 2021 | (f) Amount used in 2022 | (g) Available balance | (h) Carryover to 2023 col. (e) minus col. (f) |
|------------------------------------|-----------------------------------|-------------------------------------|---|----------------------------------|-------------------------------|--------------------------|---|
| 2 <input checked="" type="radio"/> | | | SEE STATEMENT 19 | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| <input checked="" type="radio"/> | | | | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| <input checked="" type="radio"/> | | | | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| <input checked="" type="radio"/> | | | | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |

Current Year NOLs

| | | (c) Type of NOL - See below * | (d) Initial loss - See instructions | (e) Carryover from 2021 | (f) Amount used in 2022 | (g) Available balance | (h) Carryover to 2023 col. (e) minus col. (f) See instructions. |
|--------|--|-------------------------------------|---|-------------------------------|-------------------------------|--------------------------|--|
| 3 2022 | | DIS | | | | | |
| 4 2022 | | GEN | 303,427 | | | | 303,427 |
| 2022 | | | | | | | |
| 2022 | | | | | | | |
| 2022 | | | | | | | |

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2022 NOL deduction1 Total the amounts in Part II, line 2, column (f) ☒ 1 00

2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 00

3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7 ☒ 3 00

Attach to Form 100 or Form 100W.

| | |
|------------------|-------------------------------|
| Corporation name | California corporation number |
| EATSTREET INC | 8152871 |

Part I Election To Expense Certain Property Under IRC Section 179

| | | |
|--|------------------------------|------------------|
| 1 Maximum deduction under IRC Section 179 for California | 1 | \$25,000 |
| 2 Total cost of IRC Section 179 property placed in service | 2 | |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 6 | | |
| 7 Listed property (elected IRC Section 179 cost) | 7 | |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

| (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------------|-------------------------------|--|-------------------------------|------------------------|--------------------------------------|---|
| 14 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | | 15 | |

Part III Summary

| | | |
|--|----|---------|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | 137,772 |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | 141,471 |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | -3,699 |

Part IV Amortization

| (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instructions) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------------|-------------------------------|--|--|--------------------------------|--------------------------------------|
| 19 1 R&D EXPENSES | 07/01/22 | 2,699,574. | 0. | 174 | 60M | 269,958 |
| 2 R&D EXPENSES - OFFSHORE | 07/01/22 | 288,907. | 0. | 174 | 180M | 9,630 |
| | | | | | | |
| | | | | | | |
| 20 Total. Add the amounts in column (g) | | | | | | 20 639,683 |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | | 21 639,683 |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 | | | | | | 22 0 |

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2022

California e-file Return Authorization for Corporations

FORM

8453-C

Corporation name

California Corporation No.,
CA SOS file no., or FEIN

EATSTREET, INC.

8152871

Part I Tax Return Information (whole dollars only)

| | | | |
|---|--|---|-------------|
| 1 | Total income (Form 100, line 9; Form 100S, line 8; Form 100W, line 9 or Form 100X, line 6) | 1 | - 5,091,891 |
| 2 | Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10) | 2 | - 303,427 |
| 3 | Total tax (Form 100, line 30; Form 100S, line 30; Form 100W, line 30 or Form 100X, line 19) | 3 | 800 |
| 4 | Tax due (Form 100, line 39; Form 100S, line 40; Form 100W, line 36 or Form 100X, line 21) | 4 | |
| 5 | Overpayment (Form 100, line 40; Form 100S, line 41; Form 100W, line 37 or Form 100X, line 28) | 5 | 800 |

Part II Settle the Account Electronically for Taxable Year 2022

6 ☐ Direct deposit of refund (For Forms 100, 100S, and 100W only.)7 ☐ Electronic funds withdrawal 7a Amount

7b Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2023 (These are NOT installment payments for the current amount the corporation owes.)

| | First Payment | Second Payment | Third Payment | Fourth Payment |
|-------------------|---------------|----------------|---------------|----------------|
| 8 Amount | | | | |
| 9 Withdrawal Date | | | | |

Part IV Banking Information (Have you verified the corporation's banking information?)

10 Routing number _____

11 Account number _____

12 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the corporate account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2022 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign
Here

Signature of officer

Date



CEO

Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for **four** years from the due date of the return or **four** years from the date the corporation return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | | | | | | |
|---------------------|---|---|-------------|------------|-----------------------------|-------------------------------------|------------------------|--------------------------|------------|-------|
| ERO Must Sign | ERO's signature | DANIEL T. O'CONNOR, CP | Date | 11/09/23 | Check if also paid preparer | <input checked="" type="checkbox"/> | Check if self-employed | <input type="checkbox"/> | ERO's PTIN | ***** |
| | Firm's name (or yours if self-employed) and address | BAKER TILLY US, LLP PO BOX 7398 MADISON, WI | Firm's FEIN | 39-0859910 | ZIP code | 53707-7398 | | | | |

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | | | | |
|----------------------------------|---|-------------------------|-------------|--|------------------------|--------------------------|----------------------|--|
| Paid Preparer Must Sign | Paid preparer's signature | DANIEL T. O'CONNOR, CPA | Date | | Check if self-employed | <input type="checkbox"/> | Paid preparer's PTIN | |
| | Firm's name (or yours if self-employed) and address | | Firm's FEIN | | ZIP code | | | |

FTB 8453-C 2022

239101 12-01-22

16

13111109 144198 89475

2022.05000 EATSTREET, INC.

89475__1

| FORM 100/100W | OTHER ADDITIONS | STATEMENT 1 |
|--|-----------------|-------------|
| DESCRIPTION | | AMOUNT |
| DISALLOWED AMOUNT OF IRS 100% BUSINESS MEALS EXPENSE | | 3,708. |
| TOTAL TO FORM 100/100W, OTHER ADDITIONS | | 3,708. |

| FORM 100/100W | OTHER DEDUCTIONS | STATEMENT 2 |
|---|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| SECTION 174 R&D EXPENSES | | 2,708,894. |
| BASIS DIFFERENCE ON DISPOSED ASSETS | | 68,154. |
| DISALLOWED BUSINESS INTEREST EXPENSE FROM FED FORM 8990 | | 2,819,995. |
| TOTAL TO FORM 100/100W, OTHER DEDUCTIONS | | 5,597,043. |

| FORM 100/100W | | CONTRIBUTIONS | STATEMENT 3 |
|---|--|---------------|-------------|
| NET INCOME AFTER STATE ADJUSTMENTS | | -10,688,934 | |
| DEDUCTION FOR DIVIDENDS RECEIVED | | 0 | |
| NET INCOME ADJUSTED FOR CONTRIBUTION PURPOSES | | | -10,688,934 |
| CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS: | | | |
| 5TH PRECEDING TAX YEAR | | 0 | |
| 4TH PRECEDING TAX YEAR | | 0 | |
| 3RD PRECEDING TAX YEAR | | 0 | |
| 2ND PRECEDING TAX YEAR | | 0 | |
| 1ST PRECEDING TAX YEAR | | 10,092 | |
| TOTAL OF UNUSED CARRYOVER CONTRIBUTIONS | | | 10,092 |
| CURRENT YEAR CONTRIBUTIONS | | | 0 |
| COLLEGE ACCESS ADDBACK | | | 0 |
| TOTAL AVAILABLE CONTRIBUTIONS LESS COLLEGE ACCESS ADDBACK | | | 10,092 |
| 10% OF NET INCOME AS ADJUSTED | | | 0 |
| EXCESS CONTRIBUTIONS | | | 10,092 |
| ALLOWABLE CONTRIBUTIONS DEDUCTION | | | 0 |

| FORM 100/100W, SCHEDULE A | | TAXES DEDUCTED | STATEMENT 4 |
|--|-----------------|-------------------|-------------|
| (A) NATURE OF TAX AND (B) TAXING AUTHORITY | (C) TOTAL TAXES | (D) NONDED AMOUNT | |
| PAYROLL TAXES | 2,199,826. | | |
| TAXES AND LICENSES EXPENS | 32,105. | | |
| OTHER ARIZONA | 50. | | |
| OTHER CALIFORNIA | 800. | | |
| BASED ON INCOME COLORADO | 701. | 701. | |
| BASED ON INCOME CONNECTICUT | 1,500. | 1,500. | |
| OTHER DELAWARE | 5,394. | | |
| BASED ON INCOME IOWA | 19,000. | 19,000. | |
| OTHER KENTUCKY | 300. | | |
| BASED ON INCOME MASSACHUSETTS | 4,000. | 4,000. | |
| OTHER NEW JERSEY | 1,000. | | |
| OTHER NEW YORK | 1,500. | | |
| OTHER NORTH CAROLINA | 200. | | |
| OTHER OHIO | 150. | | |
| BASED ON INCOME PENNSYLVANIA | 6,500. | 6,500. | |
| OTHER TEXAS | 4,000. | | |
| BASED ON INCOME VIRGINIA | 800. | 800. | |
| TOTAL TO FORM 100/100W, SCHEDULE A | 2,277,826. | 32,501. | |

| FORM 100/100W, SCHEDULE F | | COMPENSATION OF OFFICERS | STATEMENT 5 |
|--|----------------------------|--------------------------|----------------------------|
| (A) NAME OF OFFICER | (B) SOCIAL SECURITY NUMBER | (C) PCT OF TIME DEVOTED | (F) AMOUNT OF COMPENSATION |
| MATT HOWARD | ***-**-6337 | 100% | 369,273. |
| STEVE ANASTASI | ***-**-9640 | 100% | 317,865. |
| MICHELLE DAMA | ***-**-2689 | 100% | 208,405. |
| TOTAL COMPENSATION OF OFFICERS | | | 895,543. |
| LESS: COMPENSATION OF OFFICERS CLAIMED ELSEWHERE ON RETURN | | | |
| TOTAL TO FORM 100/100W, SCHEDULE F | | | 895,543. |

| FORM 100/100W, SCHEDULE F | | INTEREST INCOME | STATEMENT 6 |
|------------------------------------|---------|-----------------|-------------|
| DESCRIPTION | AMOUNT | | |
| INTEREST INCOME | 15,864. | | |
| TOTAL TO FORM 100/100W, SCHEDULE F | 15,864. | | |

| FORM 100/100W, SCHEDULE F | OTHER INCOME | STATEMENT 7 |
|------------------------------------|--------------|-------------|
| DESCRIPTION | | AMOUNT |
| OTHER INCOME | | 753,000. |
| TOTAL TO FORM 100/100W, SCHEDULE F | | 753,000. |

| FORM 100/100W, SCHEDULE F | OTHER DEDUCTIONS | STATEMENT 8 |
|------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| AMORTIZATION | | 639,683. |
| BANK CHARGES | | 744,663. |
| COMPUTER EXPENSE | | 2,594,502. |
| CONSULTING EXPENSE | | 764,395. |
| CREDIT CARD PROCESSING | | 2,468,550. |
| CUSTOMER EXPENSE | | 99,838. |
| DEFERRED COMPENSATION EXPENSE | | 562,357. |
| DRIVER EXPENSES | | 26,380. |
| ENTERTAINMENT EXPENSES | | 0. |
| HIRING COSTS | | 446,303. |
| INSURANCE | | 1,377,179. |
| LEGAL AND ACCOUNTING | | 606,054. |
| MEALS NOT SUBJECT TO LIMITATION | | 7,416. |
| MISCELLANEOUS EXPENSE | | 792,528. |
| OFFICE PARKING EXPENSE | | 488. |
| OFFICE SUPPLIES | | 236,793. |
| PARTNERSHIP FEES | | 130,422. |
| PAYROLL SERVICE FEES | | 332,001. |
| PROFESSIONAL FEES | | 618,338. |
| UTILITIES AND TELEPHONE | | 186,309. |
| TOTAL TO FORM 100/100W, SCHEDULE F | | 12,634,199. |

| FORM 100/100W, SCHEDULE L | OTHER CURRENT ASSETS | STATEMENT 9 |
|------------------------------------|-----------------------|-----------------|
| DESCRIPTION | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| DEPOSITS | 10,000. | 10,000. |
| DOMAIN NAMES | 11,520. | 9,000. |
| EATSTREET BAGS | 8,081. | 0. |
| PREPAID EXPENSES | 1,306,817. | 696,548. |
| TOTAL TO FORM 100/100W, SCHEDULE L | 1,336,418. | 715,548. |

| FORM 100/100W, SCHEDULE L | OTHER ASSETS | STATEMENT 10 |
|------------------------------------|-----------------------|-----------------|
| DESCRIPTION | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| SECURITY DEPOSITS | 65,679. | 0. |
| TOTAL TO FORM 100/100W, SCHEDULE L | 65,679. | 0. |

| FORM 100/100W, SCHEDULE L | OTHER CURRENT LIABILITIES | STATEMENT 11 |
|------------------------------------|---------------------------|-----------------|
| DESCRIPTION | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| ACCRUED LIABILITIES | 1,693,392. | 2,914,518. |
| ACCRUED VACATION PAY | 0. | 234,411. |
| DEFERRED COMPENSATION AGREEMENT | 0. | 577,357. |
| DEFERRED FICA PAYROLL TAXES | 1,630,829. | 1,630,829. |
| DEFERRED RENT - CURRENT | 234,229. | 0. |
| INTEREST PAYABLE | 29,063. | 2,416,009. |
| PAYROLL LIABILITIES | 806,655. | 372,241. |
| TOTAL TO FORM 100/100W, SCHEDULE L | 4,394,168. | 8,145,365. |

| FORM 100/100W, SCHEDULE L | OTHER LIABILITIES | STATEMENT 12 |
|------------------------------------|-----------------------|-----------------|
| DESCRIPTION | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| DEFERRED RENT - LONG TERM | 79,806. | 0. |
| OTHER LIABILITIES | 43,709. | 43,709. |
| RELATED PARTY PAYABLES | 13,992. | 0. |
| TOTAL TO FORM 100/100W, SCHEDULE L | 137,507. | 43,709. |

| SCHEDULE L | APPROPRIATED RETAINED EARNINGS | STATEMENT 13 |
|---------------------|--------------------------------|-----------------|
| DESCRIPTION | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| TREASURY STOCK | 0. | 99,959. |
| TOTAL TO SCHEDULE L | 0. | 99,959. |

| FORM 100/100W, SCHEDULE M-1 | | EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN | STATEMENT 14 |
|---|--|--|--------------|
| DESCRIPTION | | | AMOUNT |
| INTEREST EXPENSE | | | 2,819,995. |
| OTHER AMORTIZATION OR IMPAIRMENT WRITE-OFFS | | | 315,262. |
| RENTS | | | 144,127. |
| SALARIES AND WAGES | | | 4,879,230. |
| TOTAL TO FORM 100/100W, SCHEDULE M-1 | | | 8,158,614. |

| FORM 100/100W, SCHEDULE M-1 | | INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN | STATEMENT 15 |
|---|--|--|--------------|
| DESCRIPTION | | | AMOUNT |
| GAIN (LOSS) ON SALE OF ASSETS NOT ON RETURN | | | 319,125. |
| TOTAL TO FORM 100/100W, SCHEDULE M-1 | | | 319,125. |

| CA SCHEDULE D-1 | | SECTION 1231 LOSSES FROM PRIOR YEARS | | STATEMENT 16 |
|--|--|--------------------------------------|----------------------------|----------------|
| | | LOSS SUSTAINED | LOSS PREVIOUSLY RECAPTURED | LOSS REMAINING |
| 5TH PRECEDING TAX YEAR | | | | |
| 4TH PRECEDING TAX YEAR | | 398 | | 398 |
| 3RD PRECEDING TAX YEAR | | 463 | | 463 |
| 2ND PRECEDING TAX YEAR | | | | |
| 1ST PRECEDING TAX YEAR | | | | |
| TOTAL REMAINING SECTION 1231 LOSSES FROM PRIOR YEARS | | | | 861 |

CA SCHEDULE D-1 PART I - SALES OR EXCHANGES OF PROPERTY USED STATEMENT 17
IN A TRADE OR BUSINESS AND INVOLUNTARY CONVERSIONS

| (A) DESCRIPTION | (B) DATE ACQ | (C) DATE SOLD | (D) SALES PRICE | (E) DEPRE- CIATION ALLOWED | (F) COST OR BASIS | (G) GAIN OR LOSS |
|--------------------|-----------------|------------------|--------------------|----------------------------------|-------------------------|------------------------|
| DISPOSED ASSETS | 12/31/12 | 12/31/22 | 207,667. | 1,010,466. | 2,460,414. | -1,242,281. |
| TOTAL | | | 207,667. | 1,010,466. | 2,460,414. | -1,242,281. |

CA SCHEDULE D-1 PART II - OTHER ORDINARY GAIN AND LOSS STATEMENT 18

| (A) DESCRIPTION | (B) DATE ACQ | (C) DATE SOLD | (D) SALES PRICE | (E) DEPRE- CIATION ALLOWED | (F) COST OR BASIS | (G) GAIN OR LOSS |
|--------------------|-----------------|------------------|--------------------|----------------------------------|-------------------------|------------------------|
| DISPOSED ASSETS | 11/03/21 | 10/31/22 | 0. | 2,734. | 7,594. | -4,860. |
| TOTAL | | | 0. | 2,734. | 7,594. | -4,860. |

FORM 3805Q PRIOR YEAR NOLS STATEMENT 19

| (A) YEAR | (B) CODE (D) LOSS | (C) TYPE OF NOL (E) C/O AMOUNT | (F) AMOUNT USED IN CURRENT YEAR | (G) AVAILABLE BALANCE | (H) CARRYOVER TO NEXT YEAR |
|-------------|----------------------|-----------------------------------|------------------------------------|--------------------------|-------------------------------|
| 2016 | 587,079. | GEN 327,296. | 0. | 0. | 327,296. |
| 2017 | 632,928. | GEN 632,928. | 0. | 0. | 632,928. |
| 2018 | 336,061. | GEN 336,061. | 0. | 0. | 336,061. |
| 2019 | 279,078. | GEN 279,078. | 0. | 0. | 279,078. |
| 2021 | 343,885. | GEN 343,885. | 0. | 0. | 343,885. |
| TOTALS | | 1,919,248. | 0. | | 1,919,248. |

TAX RETURN FILING INSTRUCTIONS

COLORADO FORM 112

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|---|
| Total tax | \$ | 0 |
| Less: payments and credits | \$ | 0 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| No payment required | \$ | |

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

Colorado Department of Revenue
Denver, CO 80261-0005

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:



DR 0112 (11/28/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
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2022 Colorado C Corporation Income Tax Return

Do not submit federal return, forms or schedules when filing this return.

(0023)

| | | | |
|--|-------|---|--|
| Fiscal Year Beginning (MM/DD/22) | | Year Ending (MM/DD/YY) | |
| Name of Corporation | | • Colorado Account Number | |
| EATSTREET, INC. | | | |
| Address | | • Federal Employer ID Number | |
| 1574 W BROADWAY ST STE 200 #PMB1005 | | **-***5093 | |
| City | State | ZIP | |
| MADISON | WI | 53713 | |
| • <input type="checkbox"/> Mark for Final Return | | • <input type="checkbox"/> If you are submitting a statement disclosing a listed or reported transaction, mark this box | |

• **A. Apportionment of Income.** This return is being filed for:

- | | |
|---|---|
| <input type="checkbox"/> (42) A corporation not apportioning income; | <input type="checkbox"/> (45) A corporation electing to pay a tax on its gross Colorado sales; |
| <input checked="" type="checkbox"/> (43) A corporation engaged in interstate business apportioning income using receipts-factor apportionment (DR 0112RF required); | <input type="checkbox"/> (46) A corporation claiming an exemption under P.L. 86-272; |
| <input type="checkbox"/> (44) A corporation engaged in interstate business apportioning income using special regulation (DR 0112RF required); | <input type="checkbox"/> (47) Other apportionment method, see instructions concerning the requirement for approval by the Department (fill in below); |

• **B. Separate/Consolidated/Combined Filing.** This return is being filed for:

- | | |
|---|---|
| <input checked="" type="checkbox"/> A single corporation filing a separate return; | <input type="checkbox"/> An affiliated group of corporations required to file a combined return (Schedule C required); |
| <input type="checkbox"/> An affiliated group of corporations electing to file a consolidated report. Warning: such election is binding for four years. If your election was made in a prior year, enter the year of election in line below. (Schedule C required); | <input type="checkbox"/> An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required); |

• Enter the year of election (YYYY)

| Federal Taxable Income | | Round to nearest dollar | |
|--|-----|-------------------------|----|
| 1. Federal taxable income from Federal form 1120 or 990-T | • 1 | -5,131,799 | 00 |
| 2. Federal taxable income of companies not included in this return | • 2 | 0 | 00 |
| 3. Net federal taxable income, subtract line 2 from line 1 | 3 | -5,131,799 | 00 |
| Additions | | | |
| 4. Federal net operating loss deduction | • 4 | | 00 |
| 5. Colorado income tax deduction | • 5 | 701 | 00 |



220112 21019

DR 0112 (11/28/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
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Form 112

| Name | Account Number |
|---|----------------|
| EATSTREET, INC. | |
| 6. Other additions, submit explanation STATEMENT 1 • 6 | 3,708 00 |
| 7. Sum of lines 3 through 6 7 | -5,127,390 00 |
| Subtractions | |
| 8. Exempt federal interest • 8 | 00 |
| 9. Excludable foreign source income • 9 | 00 |
| 10. Colorado Marijuana Business Deduction • 10 | 00 |
| 11. Other subtractions, explanation required below • 11 | 00 |
| Explain: | |
| 12. Sum of lines 8 through 11 12 | 00 |
| Taxable Income | |
| 13. Modified federal taxable income, subtract line 12 from line 7 13 | -5,127,390 00 |
| 14. Colorado taxable income before net operating loss deduction • 14 | -27,626 00 |
| 15. Colorado net operating loss deduction: (see instructions) | |
| (a) Colorado net operating losses carried forward from tax years beginning before January 1, 2018 • 15(a) | 00 |
| (b) Subtract line 15(a) from line 14, if zero skip to 15(d) 15(b) | 00 |
| (c) Colorado net operating losses carried forward from tax years beginning on or after January 1, 2018 • 15(c) | 00 |
| (d) Colorado net operating loss deduction, sum of (a) and (c) 15(d) | 00 |
| 16. Carryforward deduction from Income Tax Year 2021, subtractions from HB21-1002 (see instructions) • 16 | 00 |
| 17. Colorado taxable income, subtract the sum of lines 15(d) and 16 from line 14 17 | -27,626 00 |
| 18 Tax, 4.4% of the amount on line 17 • 18 | 0 00 |
| Credits | |
| 19. Sum of nonrefundable credits from line 27, form DR 0112CR (the sum of lines 19, 20, and 21 cannot exceed tax on line 18.) You must submit the DR 0112CR with your return. • 19 | 00 |
| 20. Non-refundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 85 (the sum of lines 19, 20, and 21 cannot exceed tax on line 18). You must submit the DR 1366 with your return. • 20 | 00 |
| 21. Strategic capital tax credit from DR 1330 line 8b, the sum of lines 19, 20, and 21 cannot exceed line 18, you must submit the DR 1330 with your return. • 21 | 00 |
| 22. Net tax, sum of lines 19, 20, and 21. Subtract that sum from line 18. 22 | 0 00 |
| 23. Recapture of prior year credits • 23 | 00 |



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DR 0112 (11/28/22)
COLORADO DEPARTMENT OF REVENUE
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Form 112

| Name | Account Number |
|---|----------------|
| EATSTREET, INC. | |
| 24. Sum of lines 22 and 23 | 24 0 00 |
| 25. Estimated tax, extension payments, and credits • 25 | 00 |
| W-2G Withholding from lottery winnings, you must submit the W-2G(s) | |
| 26. with your return. • 26 | 00 |
| 27. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • 27 | 00 |
| 28. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit the DR 0617(s) with your return. • 28 | 00 |
| 29. Business Personal Property Credit: Use the worksheet in the 112 book instructions to calculate, you must submit copy of assessor's statement with your return. • 29 | 00 |
| 30. Renewable Energy Tax Credit from form DR 1366 line 86, you must submit the DR 1366 with your return. • 30 | 00 |
| 31. Electing Pass-Through Entity Owner Tax Credit (see instructions). • 31 | 00 |
| 32. Credit for conversion costs to an employee-owned business model. You must submit the certificate from the Office of Economic Development with your return. • 32 | 00 |
| 33. Sum of lines 25 through 32 | 00 |
| 34. Net tax due. Subtract line 33 from line 24 | 00 |
| 35. Penalty • 35 | 00 |
| 36. Interest • 36 | 00 |
| 37. Estimated tax penalty due • 37 | 00 |
| 38. Total due. Enter the sum of lines 34 through 37 • 38 | 0.00 |
| 39. Overpayment, subtract line 24 from line 33 | 00 |
| 40. Amount from line 39 to carry forward to the next year's estimated tax • 40 | 00 |
| 41. Amount from line 39 to be refunded • 41 | 00 |

Direct DepositRouting Number Type: ☐ Checking ☐ SavingsAccount Number

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment directly from your bank account electronically.

File and pay at: Colorado.gov/RevenueOnline or**Mail and Make Checks Payable to:**Colorado Department of Revenue
Denver, CO 80261-0006



220112 41019

DR 0112 (11/28/22)

COLORADO DEPARTMENT OF REVENUE

Tax.Colorado.gov

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Form 112

| | | | |
|---|------------|--|---|
| Name | | Account Number | |
| EATSTREET, INC. | | | |
| C. The corporation's books are in care of: | | | |
| Last Name | First Name | Middle Initial | Phone Number |
| ANASTASI | STEVE | | |
| Address | | City | State ZIP |
| 1574 W BROADWAY ST STE 200 | | MADISON | WI 53713 |
| D. Business code number per federal return (NAICS) | | E. Year corporation began doing business in Colorado | |
| • 722300 | | • | |
| F. Do you want to allow the paid preparer shown below to discuss this return and any related information with the Colorado Department of Revenue? See the instructions. | | | • <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Kind of business in detail INTERNET SALES | | | |
| H. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years? | | | • <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, for which year(s)? (YYYY) | | | |
| Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports? | | | • <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Last Name of person or firm preparing return | | First Name | Middle Initial |
| O'CONNOR CPA | | DANIEL | T |
| Address of person or firm preparing return | | Phone Number | |
| PO BOX 7398 | | 608.249.6622 | |
| City | | State | ZIP |
| MADISON | | WI | 53707- |
| Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| Signature or Title of Officer | | Date (MM/DD/YY) | |
| CEO | | | |
| Do Not Submit Federal Return, Forms or Schedules when Filing this Return | | | |

If you are filing this return **with** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006

If you are filing this return **without** a check or payment please mail the return to:

COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.



220112RF11019

DR 0112RF (10/24/22)

COLORADO DEPARTMENT OF REVENUE

Tax.Colorado.gov

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2022 Schedule RF - Apportionment Schedule

Complete this form in accordance with section 39-22-303.6 C.R.S., and the regulations thereunder.

| Name | Account Number |
|---|--|
| EATSTREET, INC. | ** - ***5093 |
| 1. Total modified federal taxable income from the DR 0112 line 13 | 1 - 5,127,390 |
| Apportionable Income Apportioned to Colorado By Use of the Receipts Factor | |
| Do not include foreign source income modified out on the DR 0112 line 9. | |
| | <div>● Colorado</div> <div>● Everywhere</div> |
| 2. Gross receipts from the sale of tangible personal property ● 2 | |
| 3. Gross receipts from the sale of services ● 3 | 155,687 28,893,995 |
| 4. Gross receipts from the sale, rental, lease, or license of real property ● 4 | |
| 5. Gross receipts from the rental, lease, or license of tangible personal property ● 5 | |
| 6. Gross receipts from the sale, rental, lease, or license of intangible property ● 6 | |
| 7. Distributive share of partnership factors ● 7 | |
| 8. Total receipts (total of lines 2 through 7 in each column) 8 | 155,687 28,893,995 |
| 9. Line 8 (Colorado) divided by line 8 (Everywhere) 9 | .5388 |
| Complete Lines 10 and 13 only if nonapportionable income is being directly allocated. If all income is being treated as apportionable income, enter 0 (Zero) on Lines 10 and 13. | |
| 10. Less income directly allocable to any state, including Colorado | |
| Nonapportionable Income Only | (a) Net rents and royalties from real or tangible property ● |
| | (b) Capital gains and losses ● |
| | (c) Interest and dividends ● |
| | (d) Patents and copyright royalties ● |
| | (e) Other nonapportionable income ● |
| | (f) Total income directly allocable (add lines (a) through (e)) 10 |
| 11. Modified federal taxable income subject to apportionment, line 1 less line 10 11 | - 5,127,390 |
| 12. Income apportioned to Colorado, line 9 multiplied by line 11 12 | - 27,626 |

Do not submit federal return, forms or schedules when filing this return.



220112RF21019

DR 0112RF (10/24/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
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| | | | |
|--|---|----------------|-----------|
| Name | | Account Number | |
| EATSTREET, INC. | | **-***5093 | |
| 13. Add income directly allocable to Colorado: | | | |
| Nonapportionable Income Only | (a) Net rents and royalties from real or tangible property | • | |
| | (b) Capital gains and losses | • | |
| | (c) Interest and dividends | • | |
| | (d) Patents and copyright royalties | • | |
| | (e) Other nonapportionable income | • | |
| | (f) Total income directly allocable to Colorado (add lines (a) through (e)) | | 13 |
| 14. Total income apportioned and allocated to Colorado, sum of lines 12 and 13(f). Enter here and on the DR 0112 line 14 | | 14 | -27,626 |
| 15. <input type="checkbox"/> Pursuant to §39-22-303.6(8) C.R.S. , taxpayer elects to treat all income as apportionable income for the tax year covered by this return | | | |

| CO 112 | OTHER ADDITIONS | STATEMENT 1 |
|---|-----------------|-------------|
| DESCRIPTION | | AMOUNT |
| FOOD AND BEVERAGE EXPENSE DEDUCTION ADDBACK | | 3,708. |
| TOTAL | | 3,708. |

TAX RETURN FILING INSTRUCTIONS

CONNECTICUT FORM CT-1120

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

Not applicable

Amount of Tax:

| | | |
|------------------------------|----|-----|
| Total tax | \$ | 250 |
| Less: payments and credits | \$ | 646 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| Overpayment | \$ | 396 |

Overpayment:

| | | |
|------------------------------|----|-----|
| Credit to your estimated tax | \$ | 396 |
| Other amount | \$ | 0 |
| Refunded to you | \$ | 0 |

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

The Connecticut return has been prepared for electronic filing. No further action is required.

Return Must be Mailed On or Before:

Return to us by November 15, 2023.

Special Instructions:

1120EXT1222V011019



Form CT-1120 EXT 2022

Application for Extension of Time to File
Connecticut Corporation Business Tax Return
(Rev. 12/22)

Enter Income Year, Beginning: **EATSTREET INC** and Ending: **189900295039**
44 E MIFFLIN ST STE 400 *******5093**
MADISON WI 53703 -

I request a six-month extension of time to November 15, 2023, to file my Connecticut corporation business tax return for calendar year 2022, or until (MMDDYYYY) for fiscal year ending (MMDDYYYY).

Y A federal extension has been requested on federal Form 7004, Application for Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns, for calendar year 2022 or fiscal year beginning (MMDDYYYY) and ending (MMDDYYYY). If a federal extension has not been filed, explain why you are requesting the Connecticut extension:

Filing Form CT-1120CU

| | | |
|---|-----|------|
| 1. Tentative amount of tax due for this income year; minimum tax \$250. | 1. | 250 |
| 2. Surtax: See instructions. | 2. | 0 |
| 3. Total tax: Add Line 1 and Line 2. Include tax credit recapture, if applicable. | 3. | 250 |
| 4. Multiply Line 3 by 49.99% (0.4999). | 4. | 125 |
| 5. Multiply the number of taxable members included by \$250. | 5. | 250 |
| 6. Enter the greater of Line 4 or Line 5. | 6. | 250 |
| 7. Tax credit limitation: Subtract Line 6 from Line 3. | 7. | 0 |
| 8. Tax credits: Do not exceed amount on Line 7. | 8. | 0 |
| 9. Balance of tax payable: Subtract Line 8 from Line 3. | 9. | 250 |
| 10. PE Credit. | 10. | 0 |
| 11. Balance of tax payable: Subtract Line 10 from Line 9, but not less than zero ("0"). | 11. | 250 |
| 12. Payment(s) of estimated tax. | 12. | 0 |
| 13. Overpayment from prior year. | 13. | 646 |
| 14. Total payments: Add Line 12 and Line 13. | 14. | 646 |
| 15. Amount due with this return: Subtract Line 14 from Line 11. | 15. | 0.00 |

STEVE ANASTASI

Corporate officer's name (print)

Corporate officer's signature

Date

CEO

Title

Telephone number

6125987469

May DRS contact the preparer shown below about this return?

Y

DANIEL T. O'CONNOR,

Paid preparer's name (print)

Paid preparer's signature

Date

04172023

Preparer's SSN or PTIN

P00543528

**BAKER TILLY US LLP
MADISON WI 53707 7398**

Firm's name, address, and ZIP code

Firm's FEIN

*******9910**

Telephone number

6082496622

1120EXT1222V011019

Visit us at portal.ct.gov/DRS for more information.

13111109 144198 89475

2022.05000 EATSTREET, INC.

89475__1

Form CT-1120 EXT Required Fields

Do not send this sheet with your application.

Form CT-1120 EXT is required to be electronically filed.

Only taxpayers that receive a waiver from electronic filing from DRS may file a paper version of this form. To request a waiver from the electronic filing requirement taxpayers must visit www.ct.gov/drs/TSCfiling and complete **Form DRS-EWVR**, *Electronic Filing and Payment Waiver Request*.

Checklist for filing your Connecticut application for extension of time to file Connecticut income tax return:

1. You MUST have applied for AND received a waiver from electronic filing from DRS.
2. Be sure that the application is not printed on the back of this sheet.
3. Verify that the address lines on the application are correct and proper abbreviations are used.
4. Do not attempt to remove or modify the solid boxes that print out on your application. Altering target marks may affect the processing of your application.
5. Do not send "Draft" or "Unapproved" versions of your application. This will delay or stop the processing of your application.
6. Do not make manual (hand written or typed) corrections to your application; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the application.
7. Do not use this application to change or amend previously filed returns.
8. Make check payable to: **Commissioner of Revenue Services**
9. To ensure proper posting, write your Connecticut Registration Number or FEIN (optional) and **"2022 Form CT-1120 EXT"** on your check.
10. To mail your coupon, use the following address:
Forms **with payment**, mail to:
Department of Revenue Services
PO Box 2974
Hartford CT 06104-2974

Forms **without payment**:
Department of Revenue Services
PO Box 150406
Hartford CT 06115-0406
11. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the application.

Do not send this sheet with your application.

Do Not File - Do Not File

11201222V011019



Form CT-1120

Corporation Business Tax Return

(Rev. 12/22)

2022

NAICS code

Enter Income Year Beginning ▶ 01012022 and Ending ▶ 12312022 ▶ *****5093 ▶ 722300

▶ EATSTREET INC

▶ 189900295039

▶ 1574 W BROADWAY ST STE 200 #PMB1005 ▶

Total assets

▶ 4487013

▶ MADISON ▶ WI ▶ 53713

Amount from federal Form 1120, Line 11

▶ 27748875

Student Loan Payment tax credit refund request?

▶ N Amount of credit refund request: ▶ 0

R & D tax credit exchange?

▶ N Amount of credit refund request: ▶ 0

Schedule C - Computation of Amount Payable (Minimum Tax \$250)

| | | |
|--|--------|-------|
| 1a. Tax: Greater of <i>Schedule A</i> , Line 6; <i>Schedule B</i> , Line 6; or \$250. | 1a. ▶ | 250 |
| 1b. Surtax: Line 1a multiplied by 10%. If federal Form 1120, Ln 11 is less than \$100,000,000 or Ln 1a is \$250 enter zero ("0"). | 1b. ▶ | 0 |
| 1c. Recapture of tax credits | 1c. ▶ | 0 |
| 1. Total tax: Enter the total of Lines 1a through Line 1c. If no tax credits claimed, enter also on Line 6. | 1. ▶ | 250 |
| 2. Multiply Line 1 by 49.99% (0.4999). | 2. ▶ | 125 |
| 3. Enter the greater of Line 2 or \$250. | 3. ▶ | 250 |
| 4. Tax credit limitation: Subtract Line 3 from Line 1. | 4. ▶ | 0 |
| 5a. Tax credits from Form CT-1120K , Part II, Line 9. Do not exceed amount on Line 4. | 5a. ▶ | 0 |
| 5b. Excess credit utilization from Form CT-1120K , Part II, Line 12. | 5b. ▶ | 0 |
| 5. Total tax credits: Add Line 5a and Line 5b. | 5. ▶ | 0 |
| 6. Balance of tax before PE credit: Subtract Line 5 from Line 1. | 6. ▶ | 250 |
| 7. PE credit from Form CT-1120PE , Line 3. | 7. ▶ | 0 |
| 8. Balance of tax payable: Subtract Line 7 from Line 6, but not less than zero ("0"). | 8. ▶ | 250 |
| 9a. Paid with application for extension from Form CT-1120 EXT . | 9a. ▶ | 0 |
| 9b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, and ESD . | 9b. ▶ | 0 |
| 9c. Overpayment from prior year. | 9c. ▶ | 646 |
| 9d. Amended filers only. Amounts paid with original return, plus additional tax paid after original return was filed. (No P&I.) | 9d. ▶ | 0 |
| 9. Tax payments: Enter the total of Lines 9a, 9b, 9c, and 9d. | 9. ▶ | 646 |
| 10a. Amended filers only. Overpayment, if any, as shown on original return or as previously adjusted. All others enter zero ("0"). | 10a. ▶ | 0 |
| 10b. Subtract Line 10a from Line 9. | 10b. ▶ | 646 |
| 10. Balance of tax due (overpaid): Subtract Line 10b from Line 8. | 10. ▶ | -396 |
| 11a. Penalty. | 11a. ▶ | 0 |
| 11b. Interest. | 11b. ▶ | 0 |
| 11c. Form CT-1120I Interest. | 11c. ▶ | 0 |
| 11. Total penalty and interest: Enter the total of Lines 11a, 11b, and Line 11c. | 11. ▶ | 0 |
| 12a. Amount to be credited to 2023 estimated tax. | 12a. ▶ | 396 |
| 12b. Amount to be refunded. | 12b. ▶ | 0 |
| 12c. Acct. type ▶ Ck. ▶ Sv. 12d. Rout. # ▶ 12e. Acct # ▶ | | |
| 12f. Refund going to a bank account outside the U.S. ▶ N 12g. ▶ | | |
| 12. Total to be credited or refunded: Enter the total of Line 12a and Line 12b. | 12. ▶ | 396 |
| 13. Balance due with this return: Add Line 10 and Line 11. | 13. ▶ | 0 .00 |

For faster
refund,
use Direct
Deposit by
completing
Lines 12c,
12d, and
12e.



241701 11-02-22

11201222V011019

11201222V021019



Form CT-1120, Page 2 of 4

189900295039

Schedule A - Computation of Tax on Net Income

| | | |
|--|------|----------|
| 1. Net income: Enter amount from <i>Schedule D</i> , Line 24. If 100% Connecticut, enter also on Line 3. | 1. ▶ | -7919293 |
| 2. Apportionment fraction: Carry to six places. | 2. ▶ | .004275 |
| 3. Connecticut net income: Multiply Line 1 by Line 2. | 3. ▶ | -33855 |
| 4. Operating loss carryover from Form CT-1120 ATT , <i>Schedule H</i> , Line 22, Column E. Do not exceed 50% of Line 3. | 4. ▶ | 0 |
| 5. Income subject to tax: Subtract Line 4 from Line 3. | 5. ▶ | -33855 |
| 6. Tax: Multiply Line 5 by 7.5% (.075). | 6. ▶ | 0 |

Schedule B - Computation of Minimum Tax on Capital

| | | |
|--|------|----------|
| 1. Minimum tax base from <i>Schedule E</i> , Line 6, Column C. If 100% Connecticut, enter also on Line 3. | 1. ▶ | -9075509 |
| 2. Apportionment fraction: Carry to six places. | 2. ▶ | .000000 |
| 3. Multiply Line 1 by Line 2. | 3. ▶ | 0 |
| 4. Number of months covered by this return. | 4. ▶ | 12 |
| 5. Multiply Line 3 by Line 4, divide the result by 12. | 5. ▶ | 0 |
| 6. Tax (3 and 1/10 mills per dollar): Multiply Line 5 by .0031. Maximum tax for <i>Schedule B</i> is \$1,000,000. | 6. ▶ | 0 |

Schedule D - Computation of Net Income

| | | |
|--|-------|----------|
| 1. Federal taxable income (loss) before net operating loss and special deductions. | 1. ▶ | -5131799 |
| 2. Interest income wholly exempt from federal tax. | 2. ▶ | 0 |
| 3. State and local income taxes. | 3. ▶ | 32501 |
| 4. Interest expenses paid to a related member from Form CT-1120AB , Part I A, Line 1. | 4. ▶ | 0 |
| 5. Intangible expenses and costs paid to a related member from Form CT-1120AB , Part I B, Line 3. | 5. ▶ | 0 |
| 6. Federal bonus depreciation. | 6. ▶ | 0 |
| 7. Business interest expense carried forward under IRC § 163(j) and deducted for federal tax purposes in the current year. | 7. ▶ | 0 |
| 8. 80% of IRC §179 deduction. | 8. ▶ | 0 |
| 9. Other. | 9. ▶ | 0 |
| 10. Total: Add Lines 1 through 9. | 10. ▶ | -5099298 |
| 11. Dividend deduction from Form CT-1120 ATT , <i>Schedule I</i> , Line 5. | 11. ▶ | 0 |
| 12. Capital loss carryover (if not deducted in computing federal capital gain). | 12. ▶ | 0 |
| 13. Capital gain from sale of preserved land. | 13. ▶ | 0 |
| 14. Federal bonus depreciation recovery from Form CT-1120 ATT , <i>Schedule J</i> , Line 26. | 14. ▶ | 0 |
| 15. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 1. | 15. ▶ | 0 |
| 16. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 2. | 16. ▶ | 0 |
| 17. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 3. | 17. ▶ | 0 |
| 18. Exceptions to add back of intangible expenses paid to a related member from Form CT-1120AB , Part II B, Line 1. | 18. ▶ | 0 |
| 19. 25% of IRC § 179 deduction added back in the preceding four years. | 19. ▶ | 0 |
| 20. IRC §163(j) business interest deduction disallowed for federal tax purposes. | 20. ▶ | 2819995 |
| 21. Contributions from Connecticut or its municipalities included in <i>Schedule D</i> , Line 1. | 21. ▶ | 0 |
| 22. Other. | 22. ▶ | 0 |
| 23. Total: Add Lines 11 through 22. | 23. ▶ | 2819995 |
| 24. Net income: Subtract Line 23 from Line 10. Enter here and on <i>Schedule A</i> , Line 1. | 24. ▶ | -7919293 |

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Form CT-1120, Page 3 of 4

189900295039

Schedule E - Computation of Minimum Tax Base

| | Column A Beginning of Year | Column B End of Year | Column C |
|---|-------------------------------|-------------------------|---|
| 1. Capital stock from federal Schedule L, Line 22a and Line 22b. | 6305 | 6305 | |
| 2. Surplus and undivided profits from federal Schedule L, Lines 23, 24, and 25. | -4533048 | -13630580 | (Column A plus Column B) Divided by 2 |
| 3. Surplus reserves: Attach schedule. | 0 | 0 | |
| 4. Total: Add Lines 1, 2, and 3. Enter average in Column C. | -4526743 | -13624275 | -9075509 |
| 5. Holdings of stock of private corporations: Attach schedule. Enter average in Column C. | 0 | 0 | 0 |
| 6. Balance: Subtract Line 5, Column C, from Line 4, Column C. Enter here and on <i>Schedule B</i> , Line 1. | | | -9075509 |

Schedule G - Additional Required Information

Attach a schedule of corporate officers' names, titles, and addresses.

1. In which Connecticut (CT) town(s) does the corporation own or lease, as lessee, real or tangible personal property, or perform services?

FARMINGTON

2. (a) Did this corporation directly or indirectly transfer a controlling interest in an entity owning CT real property?

► **N**
FEIN ►

If **Yes**, enter: Entity name ►

- (b) Was there a direct or indirect transfer of a controlling interest in your company owning CT real property?

► **N**
FEIN/SSN ►

If **Yes**, enter: Transferor name ►

- (c) If the answer to either 2(a) or 2(b) is **Yes**, enter: Transferee(s) name

Date of transfer , and attach a list of addresses for all Connecticut real property transferred.

3. Did any corporation at any time during the year own a majority of the voting stock of this corporation?

► **N**
FEIN

If **Yes**, enter: Corporation name

4. Last taxable year this corporation was audited by the Internal Revenue Service ►

Were adjustments reported to CT? ► **N** (If **No**, attach explanation).

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11201222V041019



Form CT-1120, Page 4 of 4

189900295039

Check All Applicable Boxes:

1. ☒ Y Address change 2. Return status: ☐ N Initial ☐ N Amended ☐ N Final ☐ N Short period

Reason for amending, if applicable: ☐ N IRS adjustments/federal Form 1120X. Final determination date: ☐
☐ N CT corp business tax credit change ☐ N CT apportionment change ☐ N CT net operating loss change
☐ N Other. Specify:

3. If this is a final return, has the corporation: ☐ N Dissolved? ☐ N Withdrawn?

☐ N Merged/reorganized: Enter survivor's CT Tax Reg. #

4. Federal return was filed on: ☒ Y 1120 ☐ N 1120-H ☐ N 1120-REIT ☐ N 1120-RIC

☐ N Other:

Consolidated basis: Parent co. name ☐

Parent co. FEIN ☐

5. ☐ N Did this company file as part of a **Form CT-1120CU** for the previous year?

6. ☐ N Does this company file as part of a Form CT-1120CU and is filing this return to report non-unitary business income?

If Yes, enter the CT Tax Reg. # of the group's designated taxable member: ☐

7. ☐ N Is the principal place of business located in CT? If No, enter principal place of business location: **WISCONSIN**

State of incorporation: **WI** Date of organization: **01012012** Date qualified in CT: **01012012** Date business began in CT: **02012017**

8. Is this corporation exempt from CT Corporation Business tax? ☐ N (If Yes, attach explanation of exemption including statutory cite).

9. Did this corporation use the annualized method to calculate its estimated tax installments? ☐ N (If Yes, attach **Form CT-1120I**).

10. Does this corporation pay, accrue, or incur interest expenses or intangible expenses, costs, and related interest expenses to a related member?

☐ N (If Yes, attach **Form CT-1120AB**).

DECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Corporate officer's name (print)

Corporate officer's signature

Date

STEVE ANASTASI

Corporate officer's email address

Title

CEO

May DRS contact the preparer
shown below about this return?

Y

Telephone number

8666548777

Paid preparer's name (print)

DANIEL T OCONNOR CPA

Paid preparer's signature

DANIEL T. O'CONNOR

Date

11092023

Preparer's SSN or PTIN

P00543528

Firm's name, address, and ZIP code

**BAKER TILLY US LLP PO BOX 7398
MADISON WI 53707 7398**

Firm's FEIN

*******9910**

Telephone number

6082496622

11201222V041019

Form CT-1120 Required Fields

Do not send this sheet with your return.

Checklist for filing your Connecticut Corporation Business Tax Return:

1. Be sure that the return is not printed on the back of this sheet.
2. Verify that the address lines are correct and proper abbreviations are used.
3. Do not attempt to remove or modify the solid boxes that print out. Altering target marks may affect the processing of your return.
4. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
5. Do not make manual (hand written or typed) corrections; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
6. Make check payable to: **Commissioner of Revenue Services**
7. To ensure proper posting, write your CTID (optional) and **"2022 Form CT-1120"** on your check.
8. File returns where an electronic filing waiver has been granted to the corresponding address listed below.

Mail paper return **with payment** to:
Department of Revenue Services
State of Connecticut
PO Box 2974
Hartford CT 06103-2974

Mail paper return **without payment** to:
Department of Revenue Services
State of Connecticut
PO Box 150406
Hartford CT 06103-150406

9. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Do not send this sheet with your return.

Do Not File - Do Not File

1120A1222V011019



Form CT-1120A

2022

Corporation Business Tax Return
Apportionment Computation (Rev. 12/22)

Enter Income Year Beginning 01012022 and Ending 12312022

EATSTREET INC

189900295039

Schedule Q - Net Income Apportionment - Do not include receipts from the sale of property if the property is not held for sale in the ordinary course of business.

| | | Column A Connecticut | Column B Everywhere |
|---|------|-------------------------|------------------------|
| 1. Gross receipts from sales of tangible personal property held for sale in the ordinary course of trade or business | 1. | 0 | 0 |
| 2. Gross receipts from services | 2. | 0 | 0 |
| 3. Gross receipts from the rental, lease or license of real or tangible personal property | 3. | 0 | 0 |
| 4. Gross receipts from the rental, lease or license of intangible personal property | 4. | 0 | 0 |
| 5. Interest | 5. | 0 | 0 |
| 6. Gross receipts from the sale or disposition of real or intangible property held for sale in the ordinary course of trade or business | 6. | 0 | 0 |
| 7. Other | 7. | 123522 | 28893995 |
| 8. Total: Add Lines 1 through 7 in Column A and Column B. | 8. ▶ | 123522 | 28893995 |

Computation of Connecticut Net Income Apportionment Fraction

| | | |
|--|----|---------|
| 9. Apportionment fraction: Divide Line 8, Column A, by Line 8, Column B, and carry to six places. Enter here and on Form CT-1120 , <i>Schedule A</i> , Line 2. | 9. | .004275 |
|--|----|---------|

Schedule S - Minimum Tax Base Apportionment

| | | Column A Connecticut | Column B Everywhere | Column C |
|---------------------------------------|--|-------------------------|------------------------|----------|
| Intangible Assets | 1. (a) Cash (a) ▶ | 0 ▶ | 549904 | |
| | (b) Notes and accounts receivable (b) ▶ | 0 ▶ | 1157081 | |
| Average Monthly Net Book Value | (c) Investments (other than stock) (c) ▶ | 0 ▶ | 0 | |
| | (d) Other (d) ▶ | 0 ▶ | 5639319 | |
| | 1. Total | 1. | 0 | 7346304 |
| Tangible Property | 2. (a) Inventories (a) ▶ | 0 ▶ | 0 | |
| | (b) Depreciable assets (b) ▶ | 0 ▶ | 355657 | |
| Average Monthly Net Book Value | (c) Land (c) ▶ | 0 ▶ | 0 | |
| | (d) Other (d) ▶ | 0 ▶ | 0 | |
| | 2. Total | 2. | 0 | 355657 |
| Apportionment Fraction | 3. Total: Add Line 1 and Line 2. | 3. | 0 | 7701961 |
| | | | | .000000 |



1120A1222V011019

1120ATT1222V011019



Form CT-1120 ATT

2022

Corporation Business Tax Return
Attachment Schedules I, H, and J

(Rev. 12/22)

EATSTREET INC

189900295039

Schedule I - Dividend Deduction

| | Column A Amount | Column B Deduction Rate | Column C Balance (Col. A x Col. B) | Column D Related Expenses (Col. A x 5% [.05]) | Column E Dividend Deduction (Col. C - Col. D) |
|---|---------------------------|--------------------------------------|---|---|---|
| 1. Dividend income included in computation of federal taxable income from Form CT-1120, Schedule D, Line 1. ▶ | 0 | | | | |
| 2. Dividends from domestic corporations less than 20% owned ▶ | 0 | 70% (.70) | 0 ▶ | 0 | 0 |
| 3. Dividend balance: Subtract Line 2 from Line 1. | 0 | 100% (1.0) | 0 ▶ | 0 | 0 |
| 4. Dividends from a Captive REIT that is taxable in Connecticut Captive REIT Name: | | | | | |
| FEIN: ▶ | 0 | 100% (1.0) | 0 ▶ | 0 | 0 |
| 5. Total dividend deduction: Add Lines 2, 3, and 4 in Column E. Enter the result here and on Form CT-1120, Schedule D, Line 11. | | | | | 0 |



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241821 11-01-22

1120ATT1222V021019



Form CT-1120 ATT, Page 2 of 3

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Schedule H - Connecticut Apportioned Loss Carryover

| | Column A Connecticut Apportioned Loss (Enter loss years only as a positive number) | Column B Connecticut Apportioned Loss Carryover Applied 2003 to 2021 | Column C Carryover to 2022 Subtract Column B from Column A. | Column D Shared Losses From Unitary Affiliates (CT-1120CU filers only) |
|----------|--|---|---|--|
| 1. 2002 | 0 | 0 | 0 | 0 |
| 2. 2003 | 0 | 0 | 0 | 0 |
| 3. 2004 | 0 | 0 | 0 | 0 |
| 4. 2005 | 0 | 0 | 0 | 0 |
| 5. 2006 | 0 | 0 | 0 | 0 |
| 6. 2007 | 0 | 0 | 0 | 0 |
| 7. 2008 | 0 | 0 | 0 | 0 |
| 8. 2009 | 0 | 0 | 0 | 0 |
| 9. 2010 | 0 | 0 | 0 | 0 |
| 10. 2011 | 0 | 0 | 0 | 0 |
| 11. 2012 | 0 | 0 | 0 | 0 |
| 12. 2013 | 0 | 0 | 0 | 0 |
| 13. 2014 | 0 | 0 | 0 | 0 |
| 14. 2015 | 0 | 0 | 0 | 0 |
| 15. 2016 | 0 | 0 | 0 | 0 |
| 16. 2017 | 133904 | 22119 | 111785 | 0 |
| 17. 2018 | 63272 | 0 | 63272 | 0 |
| 18. 2019 | 50415 | 0 | 50415 | 0 |
| 19. 2020 | 0 | 0 | 0 | 0 |
| 20. 2021 | 0 | 0 | 0 | 0 |
| 21. 2022 | 33855 | | | |

| | Column E Connecticut Apportioned Loss Carryover Applied to 2022 | Column F Shared Loss to Unitary Affiliates (CT-1120CU filers only) | Column G Remaining Apportioned Carryover Available for 2023 |
|----------|--|---|--|
| 1. 2002 | 0 | 0 | 0 |
| 2. 2003 | 0 | 0 | 0 |
| 3. 2004 | 0 | 0 | 0 |
| 4. 2005 | 0 | 0 | 0 |
| 5. 2006 | 0 | 0 | 0 |
| 6. 2007 | 0 | 0 | 0 |
| 7. 2008 | 0 | 0 | 0 |
| 8. 2009 | 0 | 0 | 0 |
| 9. 2010 | 0 | 0 | 0 |
| 10. 2011 | 0 | 0 | 0 |
| 11. 2012 | 0 | 0 | 0 |
| 12. 2013 | 0 | 0 | 0 |
| 13. 2014 | 0 | 0 | 0 |
| 14. 2015 | 0 | 0 | 0 |
| 15. 2016 | 0 | 0 | 0 |
| 16. 2017 | 0 | 0 | 111785 |
| 17. 2018 | 0 | 0 | 63272 |
| 18. 2019 | 0 | 0 | 50415 |
| 19. 2020 | 0 | 0 | 0 |
| 20. 2021 | 0 | 0 | 0 |
| 21. 2022 | | | 33855 |

22. **Total:** Add Lines 1 through 20 in Column E. Enter the result here and on **Form CT-1120, Schedule A**, Line 4 or **Form CT-1120CU-NI**, Part III, Line 10. Do not exceed 50% of Form CT-1120, **Schedule A**, Line 3, or 50% of Form CT-1120CU-NI, Part III, Line 8. ► 0

23. **Total operating loss carryover to 2023:** Add Lines 2 through 21 in Column G. ► 259327

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Form CT-1120 ATT, Page 3 of 3

189900295039

Schedule J - Bonus Depreciation Recovery

| Assets Subject to IRC § 168(k) Placed in Service During Income Year | Column A 2022 MACRS Depreciation on Federal Basis (after IRC § 168(k) Bonus) | Column B 2022 MACRS Depreciation on Connecticut Basis (without IRC § 168(k) Bonus) | Column C 2022 Recovery of IRC § 168(k) Bonus Depreciation (Col. B - Col. A) |
|---|---|---|--|
| 1. 2000 | 0 | 0 | 0 |
| 2. 2001 | 0 | 0 | 0 |
| 3. 2002 | 0 | 0 | 0 |
| 4. 2003 | 0 | 0 | 0 |
| 5. 2004 | 0 | 0 | 0 |
| 6. 2005 | 0 | 0 | 0 |
| No bonus depreciation was available for 2006 | | | |
| 7. 2007 | 0 | 0 | 0 |
| 8. 2008 | 0 | 0 | 0 |
| 9. 2009 | 0 | 0 | 0 |
| 10. 2010 | 0 | 0 | 0 |
| 11. 2011 | 0 | 0 | 0 |
| 12. 2012 | 0 | 0 | 0 |
| 13. 2013 | 0 | 0 | 0 |
| 14. 2014 | 0 | 0 | 0 |
| 15. 2015 | 0 | 0 | 0 |
| 16. 2016 | 0 | 0 | 0 |
| 17. 2017 | 0 | 0 | 0 |
| 18. 2018 | 0 | 0 | 0 |
| 19. 2019 | 0 | 0 | 0 |
| 20. 2020 | 0 | 0 | 0 |
| 21. 2021 | 0 | 0 | 0 |
| 22. 2022 | 0 | 0 | 0 |
| 23. 2023 | | | |
| 24. 2024 | | | |
| 25. 2025 | | | |
| 26. Federal bonus depreciation recovery: Add Lines 1 through 22 in Column C. Enter the result here and on Form CT-1120, Schedule D , Line 14. | | | 0 |

1120ATT1222V031019

| CT-1120 | | SCHEDULE G - CORPORATE OFFICERS | STATEMENT 1 |
|----------------|--|---------------------------------|-------------|
| NAME | ADDRESS | TITLE | |
| MATT HOWARD | 131 W. WILSON ST, STE 400 MADISON, WI 53703 | CEO | |
| STEVE ANASTASI | 131 W. WILSON ST, STE 400 MADISON, WI 53703 | CTO | |
| MICHELLE DAMA | 1724 DUNWOODY LANE WAUNAKEE, WI 53597 | CLO | |

| CT-1120 | | TAXES FROM OTHER STATES | STATEMENT 2 |
|--|------------|-------------------------|-------------|
| STATE | INCOME TAX | + RENTAL TAX - REFUND | = TOTAL TAX |
| ARIZONA | 0. | 0. | 0. |
| CALIFORNIA | 0. | 0. | 0. |
| COLORADO | 701. | 0. | 701. |
| DELAWARE | 0. | 0. | 0. |
| IOWA | 19,000. | 0. | 19,000. |
| KENTUCKY | 0. | 0. | 0. |
| MASSACHUSETTS | 4,000. | 0. | 4,000. |
| NEW JERSEY | 0. | 0. | 0. |
| NEW YORK | 0. | 0. | 0. |
| NORTH CAROLINA | 0. | 0. | 0. |
| OHIO | 0. | 0. | 0. |
| PENNSYLVANIA | 6,500. | 0. | 6,500. |
| TEXAS | 0. | 0. | 0. |
| VIRGINIA | 800. | 0. | 800. |
| TOTAL TO CT-1120, PAGE 2, SCHEDULE D, LINE 3 | | | 31,001. |

TAX RETURN FILING INSTRUCTIONS

DELAWARE FORM 1100

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|---|
| Total tax | \$ | 0 |
| Less: payments and credits | \$ | 0 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| No payment required | \$ | |

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

Delaware Division of Revenue
P.O. Box 2044
Wilmington, DE 19899-2044

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

DELAWARE DIVISION OF REVENUE

FORM 1100-T-EXT - DELAWARE CORPORATE INCOME TAX REQUEST FOR EXTENSION

| ACCOUNT NUMBER | VERIFY BUSINESS FEIN | CALENDAR OR FISCAL YEAR ENDING | DUE ON OR BEFORE | VOUCHER | EXTENSION TO |
|----------------|----------------------|--------------------------------|------------------|---------|--------------|
| *****85093001 | ** - ***5093 | 12/31/22 | 04/18/23 | T-5 | 10/16/23 |

FILE THIS FORM IF EXTENSION IS REQUESTED

Check here if
a Request For
Change form is
being filed.

BALANCE DUE FROM LINE 7 OF WORKSHEET

(BALANCE OF TAX DUE FOR THE YEAR)

0 . 0 0

EATSTREET, INC.
1574 W BROADWAY ST STE 200 #PM
MADISON, WI 53713



DF62415011019

CHANGES MUST BE MADE ON THE REQUEST FOR CHANGE FORM.
CHECK THIS BOX IF YOU ARE FILING A CHANGE FORM.

Mail this form with remittance to:
Delaware Division of Revenue
P.O. Box 830, Wilmington, DE 19899-0830

X

AUTHORIZED SIGNATURE

I declare under penalties of perjury that this
is a true, correct, and complete return.

TELEPHONE NUMBER

612-598-7469

DATE

EMAIL ADDRESS

STEVE.ANASTASI@

FOR YOUR RECORDS
DO NOT FILE

2022 DELAWARE
CORPORATION INCOME TAX RETURN
FORM 1100

for Fiscal year beginning

and ending

EMPLOYER IDENTIFICATION NUMBER * * * * *

Name of Corporation

EATSTREET, INC.

Street Address

1574 W BROADWAY ST STE 200 #PMB1005

City

MADISON

State

WI

ZIP Code

53713

Delaware Address if Different than Above

CHECK APPLICABLE BOX:

Small Corporation

ESOP

INITIAL RETURN

CHANGE OF
ADDRESS

X

EXTENSION
ATTACHED

X

IF OUT OF BUSINESS, ENTER DATE HERE:

City

State

ZIP Code

DATE OF INCORPORATION: 01 01 12

State of Incorporation

WI

Nature of Business:

INTERNET SALES

ATTACH COMPLETED COPY OF FEDERAL FORM 1120

| | | |
|---|----------|-----|
| 1. Federal Taxable Income (See Specific Instructions) | -5131799 | 1 |
| 2. Total subtractions from Schedule 4A | 0 | 2 |
| 3. Line 1 minus Line 2 | -5131799 | 3 |
| 4. Total additions from Schedule 4B | 32501 | 4 |
| 5. Entire net income. Line 3 plus Line 4 | -5099298 | 5 |
| WHERE LINE 5 IS DERIVED ENTIRELY FROM SOURCES WITHIN DELAWARE, ENTER AMOUNT ON LINE 11. WHERE THE ENTIRE INCOME IS NOT DERIVED FROM SOURCES WITHIN DELAWARE, COMPLETE ITEMS 6 TO 10 INCLUSIVE. | | |
| 6. Total non-apportionable income (or loss) (Schedule 2, Column 3, Line 8) | | 6 |
| 7. Income (or loss) subject to apportionment (Line 5 minus Line 6) | -5099298 | 7 |
| 8. Apportionment percentage (Schedule 3B, Line 3) | 0.185176 | 8 |
| 9. Income (or loss) apportioned to Delaware (Line 7 multiplied by Line 8) | -9443 | 9 |
| 10. Non-apportionable income (or loss) (Schedule 2, Column 1, Line 8) | | 10 |
| 11. Total (Line 9 plus or minus Line 10) | -9443 | 11 |
| 12. Delaware Taxable Income (Line 5 or Line 11, whichever is less) | -5099298 | 12 |
| 13. Tax @ 8.7% | 0 | 13 |
| 14. Approved non-refundable tax credits | | 14 |
| 15. Balance due after non-refundable tax credits | 0 | 15 |
| 16. Delaware tentative tax paid | | 16 |
| 17. Credit carry-over from prior year | | 17 |
| 18. Other payments (attach statement) | | 18 |
| 19. Approved refundable income tax credits | | 19 |
| 20. Total payments and credits. Add Lines 16 through 19 | | 20 |
| 21. If Line 15 is greater than Line 20 enter BALANCE DUE AND PAY IN FULL | | 21 |
| 22. If Line 20 is greater than Line 15 enter OVERPAYMENT: | | |
| (a) Total OVERPAYMENT | | 22a |
| (b) to be REFUNDED | | 22b |
| (c) to be CREDITED to 2023 TENTATIVE TAX | | 22c |

PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS



SCHEDULE 1 - INTEREST INCOME

| Description of Interest | Column 1 Foreign Interest | Column 2 Interest Received From U.S. Securities | Column 3 Interest Received From Affiliated Companies | Column 4 Interest Received From State Obligations | Column 5 Other Interest Income |
|-------------------------|------------------------------|---|--|---|--------------------------------------|
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| 6 Totals | | | | | 6 |

SCHEDULE 2 - NON-APPORTIONABLE INCOME ALLOCATED WITHIN AND WITHOUT DELAWARE

| Description | Column 1 Within Delaware | Column 2 Without Delaware | Column 3 Total |
|--|-----------------------------|------------------------------|-------------------|
| 1 Rents and royalties from tangible property | | | 1 |
| 2 Royalties from patents and copyrights | | | 2 |
| 3 Gains or (losses) from sale of real property | | | 3 |
| 4 Gains or (losses) from sale of depreciable tangible property | | | 4 |
| 5 Interest income from Schedule 1, Columns 4 and 5, Line 6 | | | 5 |
| 6 Total | | | 6 |
| 7 Less: Applicable expenses (Attach statement) | | | 7 |
| 8 Total non-apportionable income | | | 8 |

SCHEDULE 3 - APPORTIONMENT PERCENTAGE

Schedule 3-A - Gross Receipts Subject to Apportionment

| Description | Within Delaware | Within and Without Delaware |
|---|-----------------|-----------------------------|
| 1 Gross receipts from sales of tangible personal property | | 1 |
| 2 Gross income from other sources (Attach statement) | 53505 | 28893995 2 |
| 3 Total | 53505 | 28893995 3 |

Schedule 3-B - Determination of Apportionment Percentage

| | | | | |
|--|----------|---|----------|---|
| 1 Gross receipts and gross income from within Delaware | 53505 | = | 0.185176 | 1 |
| 2 Gross receipts and gross income from within and without Delaware | 28893995 | | | 2 |
| 3 Apportionment percentage (See instruction) | | | 0.185176 | 3 |

Schedule 3-C - Gross Real and Tangible Personal Property

| Description | Within Delaware | | Within and Without Delaware | |
|--|-------------------|-------------|-----------------------------|-------------|
| | Beginning of Year | End of Year | Beginning of Year | End of Year |
| 1 Real and tangible property owned | | | 2096217 | 355657 1 |
| 2 Real and tangible property rented (Eight times annual rental paid) | | | 4130968 | 4130968 2 |
| 3 Total | | | 6227185 | 4486625 3 |
| 4 Less: Value at original cost of real and tangible property, the income from which is separately allocated (See instructions) | | | | 4 |
| 5 Total | | | 6227185 | 4486625 5 |
| 6 Average value (See instructions) | | | | 5356905 6 |

Schedule 3-D - Wages, Salaries, and Other Compensation Paid or Accrued to Employees

| Description | Within Delaware | Within and Without Delaware |
|---|-----------------|-----------------------------|
| 1 Wages, salaries, and other compensation of all employees | | 1 |
| 2 Less: Wages, salaries, and other compensation of general executive officers | | 2 |
| 3 Total | | 3 |

SCHEDULE 4-A - SUBTRACTIONS

| | |
|--|---|
| 1. Foreign dividends, interest and royalties | 1 |
| 2. Net interest from U.S. securities (Schedule 1, Column 2) | 2 |
| 3. Interest from affiliated companies (Schedule 1, Column 3) | 3 |
| 4. Gain from sale of U.S. or Delaware securities | 4 |
| 5. Wage deduction - Federal Jobs Credit | 5 |
| 6. Handicapped accessibility deduction (Attach statement) | 6 |
| 7. Net operating loss carry-over | 7 |
| 8. NBI must attach form 1100 NBI | 8 |
| 9. TOTAL Subtractions (Add lines 1 thru 8) | 9 |

SCHEDULE 4-B - ADDITIONS

| | | |
|--|-------|---|
| 1. All state and political subdivision income taxes deducted in computing Line 1 | 32501 | 1 |
| 2. Loss from sale of U.S. or Delaware securities | | 2 |
| 3. Interest income from obligations of any state except DE (Schedule 1, Column 4) | | 3 |
| 4. Depletion expense - oil and gas | | 4 |
| 5. Interest paid affiliated companies (See Instructions) | | 5 |
| 6. Donations included in Line 1 for which Delaware income tax credits were granted | | 6 |
| 7. TOTAL Additions (Add lines 1 thru 7) | 32501 | 7 |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which the preparer has any knowledge.

| | | | |
|----------|--|------------------------------------|------------------|
| _____ | _____ | CEO | STEVE .ANASTASI@ |
| Date | Signature of Officer | Title | Email Address |
| 11/09/23 | DANIEL T. O'CONNOR, CPA | PO BOX 7398 MADISON, WI 53707-7398 | |
| Date | Signature of Individual or firm preparing the return | Address | |

MAKE CHECK PAYABLE AND MAIL TO: Delaware Division of Revenue, P.O. Box 2044, Wilmington, DE 19899-2044



| DE 1100 | GROSS RECEIPTS FROM OTHER SOURCES | STATEMENT 1 |
|--|-----------------------------------|-------------|
| DESCRIPTION | DELAWARE | EVERYWHERE |
| OTHER RECEIPTS | 53,505. | 28,893,995. |
| TOTAL TO FORM 1100, SCHEDULE 3-A, LINE 2 | 53,505. | 28,893,995. |

TAX RETURN FILING INSTRUCTIONS

IOWA FORM IA 1120

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|---|
| Total tax | \$ | 0 |
| Less: payments and credits | \$ | 0 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| No payment required | \$ | |

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

Corporation Tax Return Processing
Iowa Department of Revenue
P.O. Box 10468
Des Moines, IA 50306-0468

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

Iowa Department of
REVENUE

2022 IA 1120
Iowa Corporation Income Tax Return
tax.iowa.gov

Step 1

Tax Period
▶ 010122 to ▶ 123122

Check the box if: Amended return ▶ Short Period ▶

Legal Name ▶ **EATSTREET, INC.** Doing Business As Name ▶

Address ▶ **1574 W BROADWAY ST STE 200 #PMB1005**

Address 2 ▶ Federal Employer Identification Number (FEIN) ▶ ****-***5093**

City ▶ **MADISON** State ▶ **WI** ZIP ▶ **53713** NAICS Code ▶ **722300** County No. ▶ **00**

Is this the first or final return?

| | | | | | | |
|---------------------|---------------------|---------------|------------------|------------------|----------------------|--------------|
| | New Business | | Successor | | Entering Iowa | |
| First Return | ▶ | | ▶ | | ▶ | |
| | Reorganized | Merged | Dissolved | Withdrawn | Bankruptcy | Other |
| Final Return | ▶ | ▶ | ▶ | ▶ | ▶ | ▶ |

Step 2
Filing Status

| | | | | | |
|-----------------------|--|--|--|-------------------|--------------|
| | Corporation | Limited Liability Company | Association | Government | Other |
| Type of Entity | ▶ X | ▶ | ▶ | ▶ | ▶ |
| | Separate Iowa/ Separate Federal | Separate Iowa/ Consolidated Federal | Consolidated Iowa/ Consolidated Federal | | |
| Filing Status | ▶ X | ▶ | ▶ | | |
| | Regular Corporation | Cooperative | UBIT | | |
| Type of Return | ▶ X | ▶ | ▶ | | |

| | | | |
|---|------------|------------|---------------------------------|
| | Yes | No | |
| Is this an inactive corporation? | ▶ | ▶ X | Prior period if yes (MM/DD/YY): |
| Was federal income or tax changed for any prior period? | ▶ | ▶ X | ▶ |
| Do you have property in Iowa? | ▶ | ▶ X | |



Corporation Name

FEIN

► EATSTREET, INC.

► **-***5093

**Step 3
Net Income
and
Additions
to Income**

1. Net income from federal return before federal net operating loss ► 1 -5,131,799.
2. Total additions from Schedule A ► 2 22,699.
3. Net income after additions. Add lines 1 and 2 ► 3 -5,109,100.

**Step 4
Reductions
to Income**

4. Total reductions from Schedule A ► 4 2,888,149.
5. Net income after reductions. Subtract line 4 from line 3 ► 5 -7,997,249.

**Step 5
Taxable
Income**

6. Nonbusiness income from Schedule D, line 17 ► 6
7. Income subject to apportionment. Subtract line 6 from line 5 ► 7 -7,997,249.
8. Iowa percentage from Schedule E. See instructions ► 8 5.156978 %
9. Income apportioned to Iowa. Multiply line 7 by line 8 ► 9 -412,416.
10. Iowa nonbusiness income from Schedule D, line 8 ► 10
11. Income before net operating loss. Add lines 9 and 10 ► 11 -412,416.
12. Net operating loss carryforward from Schedule F. Include Schedule F ► 12
13. Income subject to tax. Subtract line 12 from line 11. Do not enter an amount below \$0 ► 13 0.

Check here if the corporation or any member of the consolidated group is claiming P.L.86-272 protection in Iowa ►

**Step 6
Tax,
Credits and
Payments**

14. Total tax. For tax rates, see page 6. Check box if tax is annualized. ► ► 14
15. Credits from Schedule C1, line 5. Do not include estimated tax credit ► 15
16. Payments from Schedule C2, line 4 ► 16
17. Total credits and payments. Add lines 15 and 16 ► 17
18. Net amount. Subtract line 17 from line 14 ► 18 0.



Corporation Name

FEIN

► EATSTREET, INC.

► ** - ***5093

Step 7
Balance Due

19. Tax due if line 18 is greater than \$0 ► 19

20. Penalty; underpayment of estimated tax. Include IA 2220 ► 20 0.

21. Filing and payment penalties ► 21

22. Interest ► 22

23. Total amount due. Add lines 19 through 22.

Pay electronically, or submit payment with form IA 1120V ► 23

Step 8
Overpayment

24. Overpayment if line 18 is less than \$0 ► 24

25. Credit to next period's estimated tax ► 25

26. Refund requested. Subtract line 25 from line 24 ► 26

26a. Routing number

26b. Savings Checking

26c. Account number

►

►

►

►

Schedule A - Additions and Reductions**Type of Income****Additions****Reductions**

1. Percentage Depletion ► 1

2. TIP Credit from federal form 8846 ► 2

3. Capital Loss Adjustments for filing status 2 or 3 ► 3

4. Contribution Adjustments for filing status 2 or 3 ► 4

5. Safe Harbor Lease Adjustments. Must include Schedule ► 5

6. Interest Expense Adjustments from IA 163 ► 6

7. Qualifying COVID-19 Grants ► 7

8. Expensing/Depreciation Adjustment from IA 4562A ► 8

9. Tax Exempt Interest and Dividends. See instructions ► 9

10. Iowa Tax Expense/Refund ► 10

11. Work Opportunity Credit Wage Reduction
from federal form 5884 ► 11

12. Alcohol & Cellulosic Biofuel Credit from federal form 6478 ► 12

13. Foreign Dividend Exclusion from Schedule B below ► 13

14. Federal Securities Interest and Dividends. See instructions ... ► 14

15. Adjustments due to 2018 Nonconformity. See instructions ... ► 15

16. All-source PTE modifications from Iowa K-1s ► 16

17. Other. Must include schedule STMT 1 STMT 2 ► 17

18. Totals ► 18

19,000.

2,819,995.

3,699.

22,699.

68,154.

2,888,149.

Enter total on page 2, line 2.

Enter total on page 2, line 4.



Corporation name

► EATSTREET, INC.

FEIN

► ** - ***5093

Schedule B - Foreign Dividend Exclusion

| Type of Dividend Income | Total Dividend | Exclusion |
|---|----------------|-----------|
| 1. Less than 20% owned | ► 1 | x 50% |
| 2. 20% owned | ► 2 | x 65% |
| 3. Small Business Investment Company | ► 3 | x 100% |
| 4. Qualifying Dividends | ► 4 | x 100% |
| 5. Total. Add lines 1 through 4. Enter on Schedule A, line 13 | ► 5 | |

Schedule C1 - Credits

| | Amount |
|--|--------|
| 1. Fuel Credit. Include IA 4136 | ► 1 |
| 2. Total Nonrefundable Credits. Include IA 148 | ► 2 |
| 3. Total Refundable Credits, excluding Fuel Credit. Include IA 148 | ► 3 |
| 4. Total Composite Credits. Include Schedule CC | ► 4 |
| 5. Total Credits. Add lines 1-4. Enter on page 2, line 15 | ► 5 |

Schedule C2 - Payments

| | Amount |
|---|--------|
| 1. Estimated Tax Payments | |
| a. Credit from prior period | ► a |
| b. First quarter | ► b |
| c. Second quarter | ► c |
| d. Third quarter | ► d |
| e. Fourth quarter | ► e |
| f. Other | ► f |
| 2. Voucher Payment | ► 2 |
| 3. Other Payments. Include statement | ► 3 |
| 4. Total. Add lines 1-3. Enter on page 2, line 16 | ► 4 |



Corporation Name

► EATSTREET, INC.

FEIN

► ** - ***5093

Additional Information

1. Year business was started in Iowa: ► 2016

2. Last period filed as S corporation (if any): ► to ►

3. Information from the prior period Iowa return: ► Corporation Name
EATSTREET, INC.

FEIN
► ** - ***5093

Income before
net operating loss

► 362,231.

4. If part of a federal consolidated group, please
provide information about the corporate parent:

Corporation Name

►

FEIN

►

Schedule E - Business Activity Ratio (BAR)
(see instructions)

| Type of Income | | Column A Iowa Receipts | Column B Receipts Everywhere |
|--|------|---------------------------|---------------------------------|
| 1. Gross Receipts | ► 1 | | |
| 2. Net Dividends. (see instructions) | ► 2 | | |
| 3. Exempt Interest from Schedule A, line 9 | ► 3 | | |
| 4. Accounts Receivable Interest | ► 4 | | |
| 5. Other Interest | ► 5 | | |
| 6. Rent | ► 6 | | |
| 7. Royalties | ► 7 | | |
| 8. Capital Gain | ► 8 | | |
| 9. Ordinary Gain | ► 9 | | |
| 10. Partnership Gross Receipts. Include schedule | ► 10 | | |
| 11. Other. Must include schedule | ► 11 | 1,490,057. | 28,893,995. |
| 12. Total. Add lines 1 -11 | ► 12 | 1,490,057. | 28,893,995. |
| 13. Divide column A total by column B total. Enter % on page 2, line 8. Round to six decimal places and enter as a percentage. For example, 0.1234505 becomes 12.3451% | ► 13 | | 5.156978 % |



Corporation Name

► EATSTREET, INC.

FEIN

► ** - ***5093

A complete copy of your federal return, as filed with the Internal Revenue Service, must be filed with this return. For filing status 2 or 3, you must include pages 1-5 of your consolidated federal return, consolidating income statements, federal 851 (for status 3), Iowa Schedule H and any other forms related to the Iowa return.

Tax Rates

If income shown on page 2, line 13 is:

- \$100,000 or less; multiply line 13 by 5.5% (.055).
- \$100,001 to \$250,000; multiply line 13 by 9% (.09) and subtract \$3,500.
- Over \$250,000; multiply line 13 by 9.8% (.098) and subtract \$5,500.

If annualizing, include a schedule showing computation.

To obtain schedules and forms:

Website: tax.iowa.gov

Tax Research Library: itr1.idr.iowa.gov/

Questions:

515-281-3114 or 800-367-3388

Email: idr@iowa.gov

eFile or mail your return to:

Corporation Tax Return Processing
Iowa Department of Revenue
PO Box 10468
Des Moines, IA 50306-0468

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct and complete.

Officer's name (Printed)

►

Title

► CEO

Phone

► 866-654-8777

Officer's signature

Date

Sign Here

►

►

Signature of preparer if other than taxpayer

Date

Sign Here

► DANIEL T. O'CONNOR, CPA

► 11/09/23

Name of preparer or preparer's employer

Preparer's phone number

► BAKER TILLY US, LLP

► 608.249.6622

Address of preparer or preparer's employer

Preparer's ID

► PO BOX 7398

► P00543528

City

State

ZIP

► MADISON

► WI

► 53707-7398



| | | |
|---|------------------|-------------|
| IA 1120 | OTHER ADDITIONS | STATEMENT 1 |
| DESCRIPTION | | AMOUNT |
| DEPRECIATION ADDBACK | | 3,699. |
| TOTAL TO 1120, SCH A, LINE 16 OR 1120F, SCH A, LINE 6 | | 3,699. |
| IA 1120 | OTHER REDUCTIONS | STATEMENT 2 |
| DESCRIPTION | | AMOUNT |
| DISPOSAL OF FIXED ASSETS | | 68,154. |
| TOTAL TO 1120, SCH A, LINE 16 OR 1120F, SCH D, LINE 7 | | 68,154. |

Iowa Department of
REVENUE

IA Corporation Schedules F and G

tax.iowa.gov

Corporation name
► **EATSTREET, INC.**

Federal Employer
Identification Number (FEIN)
► **** - ***5093**

Tax Period End Date
► **12/31/22**

Schedule F: Iowa Net Operating Loss (NOL)

| A Tax Period Ended | B Iowa Loss Incurred | C Tax Period Applied To | D Loss Applied To Prior Year(s) | E Loss Applied To Current Year | F Unused Loss | G FEIN (if different from above) | H Corporation Name (if different from above) |
|--------------------------|-------------------------|-------------------------------|---------------------------------------|--------------------------------------|------------------|--|--|
| ► 12/16 ► | 93,813. ► | ► 12/20 ► | 93,813. ► | 0. ► | 0. ► | | ► |
| ► 12/17 ► | 74,253. ► | ► 12/20 ► | 74,253. ► | 0. ► | 0. ► | | ► |
| ► 12/18 ► | 31,002. ► | ► 12/20 ► | 1,064. ► | 0. ► | 29,938. ► | | ► |
| ► ► | ► | ► 12/21 ► | 29,938. ► | 0. ► | 0. ► | | ► |
| ► 12/19 ► | 168,032. ► | ► 12/21 ► | 85,084. ► | 0. ► | 82,948. ► | | ► |
| ► ► | ► | ► ► | ► | ► | ► | | ► |
| ► ► | ► | ► ► | ► | ► | ► | | ► |
| ► ► | ► | ► ► | ► | ► | ► | | ► |
| Total ► | 367,100. ► | ► | 284,152. ► | 0. ► | 82,948. ► | Enter the total of column E on IA 1120, line 12. | |



IA Corporation Schedules F and G



FEIN

▶ **-***5093

Schedule G: Iowa Alternative Minimum Tax Net Operating Loss (AMT NOL) Tax years beginning before January 1, 2021 only

| A Tax Period Ended | B Iowa Loss Incurred | C Tax Period Applied To | D Loss Applied To Prior Year(s) | E Loss Applied To Current Year | F Unused Loss | G FEIN (if different from above) | H Corporation Name (if different from above) |
|--------------------------|-------------------------|-------------------------------|---------------------------------------|--------------------------------------|------------------|--|--|
| ▶ 12/16 ▶ | 93,771. ▶ | ▶ 12/20 ▶ | 93,771. ▶ | 0. ▶ | 0. ▶ | | ▶ |
| ▶ 12/17 ▶ | 74,274. ▶ | ▶ 12/20 ▶ | 63,992. ▶ | 0. ▶ | 10,282. ▶ | | ▶ |
| ▶ 12/18 ▶ | 31,005. ▶ | ▶ 12/21 ▶ | 10,282. ▶ | 0. ▶ | 0. ▶ | | ▶ |
| ▶ 12/19 ▶ | 164,922. ▶ | ▶ 12/21 ▶ | 70,320. ▶ | 0. ▶ | 94,602. ▶ | | ▶ |
| ▶ ▶ | ▶ ▶ | ▶ ▶ | ▶ ▶ | ▶ ▶ | ▶ ▶ | ▶ ▶ | ▶ ▶ |
| ▶ ▶ | ▶ ▶ | ▶ ▶ | ▶ ▶ | ▶ ▶ | ▶ ▶ | ▶ ▶ | ▶ ▶ |
| Total ▶ | 363,972. ▶ | ▶ | 269,370. ▶ | 0. ▶ | 94,602. ▶ | Enter the total of column E on IA 4626, line 11. | |



Iowa Department of
REVENUE**2022 IA 2220 Underpayment of Estimated Tax**
Corporations, S Corporations, and Financial Institutions

tax.iowa.gov

Name: **EATSTREET, INC.**Federal Employer Identification Number (FEIN): **** - ***5093**Tax Period: **12/31/22**

This form must be included with your return, even if no underpayment penalty is due.

Computation of Underpayment**Note:** If you meet any of the exceptions that avoid the underpayment penalty for all quarters (see instructions), skip lines 1 through 8, and go directly to line 9.

| | | |
|---|----|-----------|
| 1. 2022 tax from IA 1120, line 14, IA 1120F, line 13, or IA 1120S, line 35 | 1. | <u>0.</u> |
| 2. Credits from IA 1120, line 15, IA 1120F, line 14-15 or IA 1120S, line 36 | 2. | <u>0.</u> |
| 3. Balance. Subtract line 2 from line 1 | 3. | <u>0.</u> |

| | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|---|-------------|-------------|-------------|-------------|
| 4. Enter in columns 1 through 4 the installment dates that correspond to the last day of the 4th, 6th, 9th, and 12th months of your taxable year | 04/30/2022 | 06/30/2022 | 09/30/2022 | 12/31/2022 |
| 5. Enter 25% of line 3 in columns 1 through 4 | 0. | 0. | 0. | 0. |
| 6. (a) Amount paid or credited for each period | 0. | 0. | 0. | 0. |
| 6. (b) Overpayment of previous installment. An overpayment on line 8 in excess of all prior underpayments is to be applied as a credit against the next installment | | 0. | 0. | 0. |
| 7. Total of lines 6(a) and 6(b) | 0. | 0. | 0. | 0. |
| 8. Underpayment: Subtract line 7 from line 5 Overpayment: Subtract line 5 from line 7 | 0. | 0. | 0. | 0. |

Exceptions that avoid the underpayment penalty; Exceptions 1 and 2 not applicable for initial year filers.

| | | | | |
|---|----------------------|----------------------|----------------------|------------------------|
| 9. Total cumulative amount paid or credited from the beginning of the taxable year through the installment dates that correspond to the last day of the 4th, 6th, 9th, and 12th months of your taxable year | | | | |
| 10. Exception 1: Prior year's tax | 25% of tax 2,821. | 50% of tax 5,642. | 75% of tax 8,462. | 100% of tax 11,283. |
| 11. Exception 2: Tax on prior year's income using current year's rates | 25% of tax | 50% of tax | 75% of tax | 100% of tax |
| 12. Exception 3: Tax on annualized income. Include schedule. | 25% of tax | 50% of tax | 75% of tax | 100% of tax |

Computation of Underpayment Penalty

| | | | | |
|---|------------|------------|------------|------------|
| 13. Enter same installment dates used in line 4 | 04/30/2022 | 06/30/2022 | 09/30/2022 | 12/31/2022 |
| 14. Amount of underpayment from line 8 | | | | |
| 15. Date of payment. See Instructions. | | | | |
| 16. (a) Number of days from due date of installment to date of payment or 12/31/22, whichever is earlier | | | | |
| 16. (b) Number of days inclusively from 01/01/23, or due date of installment, whichever is later, to the date of payment or the last day of the 4th month after the close of the tax year, whichever is earlier | | | | |
| 17. (a) 5% per year on the amount shown on line 14, for the number of days shown on line 16(a). See Instructions. | | | | |
| 17. (b) 6% per year on the amount shown on line 14 for the number of days shown on line 16(b). See Instructions. | | | | |
| 18. Total of lines 17(a) and 17(b) | | | | |
| 19. Penalty: Add the four columns of line 18 and enter here. Also, show the amount on IA 1120, line 20, IA 1120F, line 19, or IA 1120S, line 48. | | | | 0. |



TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-1120

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|---|
| Total tax | \$ | 0 |
| Less: payments and credits | \$ | 0 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| No payment required | \$ | |

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

Illinois Department of Revenue
P.O. Box 19048
Springfield, IL 62794-9048

Return Must be Mailed On or Before:

November 15, 2023

Special Instructions:

Illinois Department of Revenue

2022 Form IL-1120

Corporation Income and Replacement Tax Return

See "When should I file?" in the Form IL-1120 instructions for a list of due dates.

If this return is not for calendar year 2022, enter your fiscal tax year here.

Tax year beginning _____, 2022, ending _____
month day month day year

Enter the amount you are paying.

\$ 0.00

This form is for tax years ending on or after December 31, 2022, and before December 31, 2023.

For all other situations, see instructions to determine the correct form to use.

WARNING

Step 1: Identify your corporation

A Enter your complete legal business name.

If you have a name change, check this box. ☐Name: EATSTREET, INC.

B Enter your mailing address.

Check this box if either of the following apply: ☒

- this is your **first return**, or
- you have an **address change**.

C/O: STEVE ANASTASIMailing address: 1574 W BROADWAY ST STE 200 #PMB10City: MADISON State: WI ZIP: 53713

C If this is the first or final return, check the applicable box(es).

☐ First return☐ Final return (Enter the date of termination. ____ mm ____ dd ____ yyyy)

D If this is a final return because you sold this business, enter the date sold (mm dd yyyy) _____, and the new owner's FEIN. _____

E Check the box and see the instructions if your business is a:

☐ Unitary Filer (Combined return) ☐ Foreign insurerF If you completed the following, check the box and **attach** the federal form(s) to this return.☐ Federal Form 8886 ☐ Federal Schedule M-3, Part II, Line 12

G Apportionment Formulas. Mark the appropriate box or boxes and see

Apportionment Formula instructions.

☒ Sales companies☐ Insurance companies☐ Financial organizations☐ Transportation companies☐ Federally regulated exchangesH Check this box if you attached Illinois Schedule UB. ☐I Check this box if you attached the Subgroup Schedule. ☐J Check this box if you attached Illinois Schedule 1299-D. ☐K Check this box if you attached Form IL-4562. ☐L Check this box if you attached Illinois Schedule M (for businesses). ☒M Check this box if you attached Schedule 80/20. ☐

N Enter your federal employer identification number (FEIN).

-*5093

O If you are a member of a group filing a federal consolidated return, enter the FEIN of the parent. _____

P Enter your North American Industry Classification System (NAICS) Code. See instructions.

722300

Q Enter your corporate file (charter) number assigned to you by the Secretary of State. _____

R Enter the city, state, and ZIP code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)

MADISON WI 53713

City

State

ZIP

S If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 24 and 32. ☐

T Check your method of accounting.

☐ Cash ☒ Accrual ☐ Other _____U If you are making a discharge of indebtedness adjustment on Schedules NLD or UB/NLD, or Form IL-1120, Line 36, check this box and **attach** federal Form 982. ☐V Check this box if you attached Schedule INL. ☐W If you annualized your income on Form IL-2220, check this box and **attach** Form IL-2220. ☐X Check this box if your business activity is protected under Public Law 86-272. ☐Y Check this box if you are a 52/53 week filer. ☐▼
Attach your payment and Form IL-1120-V here.
▲

► If you owe tax on Line 67, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-1120-V. Write your FEIN, tax year ending, and "IL-1120-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment here.

► Enter the amount of your payment on the top of this page in the space provided.

► If a payment is not enclosed, mail this return to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19048
SPRINGFIELD IL 62794-9048► If a payment is enclosed, mail this return to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19038
SPRINGFIELD IL 62794-9038

ID: 2BX

249401 01-23-23

IL-1120 (R-12/22)

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

IR

NS

DR

EATSTREET, INC.

-*5093

Step 2: Figure your income or loss

(Whole dollars only)

| | | | | |
|---|---|---|------------|-----|
| 1 | Federal taxable income from U.S. Form 1120, Line 30. Attach a copy of your federal return. | 1 | -5,131,799 | .00 |
| 2 | Net operating loss deduction from U.S. Form 1120, Line 29a. This amount cannot be negative. | 2 | | .00 |
| 3 | State, municipal, and other interest income excluded from Line 1. | 3 | | .00 |
| 4 | Illinois income and replacement tax and surcharge deducted in arriving at Line 1. | 4 | | .00 |
| 5 | Illinois Special Depreciation addition. Attach Form IL-4562. | 5 | | .00 |
| 6 | Related-Party Expenses additions. Attach Schedule 80/20. | 6 | | .00 |
| 7 | Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T. | 7 | | .00 |
| 8 | Other additions. Attach Schedule M (for businesses). | 8 | 3,699 | .00 |
| 9 | Add Lines 1 through 8. This amount is your income or loss. | 9 | -5,128,100 | .00 |

Step 3: Figure your base income or loss

| | | | | |
|----|---|----|------------|-----|
| 10 | Interest income from U.S. Treasury and other exempt federal obligations. | 10 | | .00 |
| 11 | River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-B. | 11 | | .00 |
| 12 | River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-B. | 12 | | .00 |
| 13 | High Impact Business Dividend subtraction. Attach Schedule 1299-B. | 13 | | .00 |
| 14 | High Impact Business Interest subtraction. Attach Schedule 1299-B. | 14 | | .00 |
| 15 | Contribution subtraction. Attach Schedule 1299-B. | 15 | | .00 |
| 16 | Contributions to certain job training projects. See instructions. | 16 | | .00 |
| 17 | Foreign Dividend subtraction. Attach Schedule J. See instructions. | 17 | | .00 |
| 18 | Illinois Special Depreciation subtraction. Attach Form IL-4562. | 18 | | .00 |
| 19 | Related-Party Expenses subtraction. Attach Schedule 80/20. | 19 | | .00 |
| 20 | Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T. | 20 | | .00 |
| 21 | Other subtractions. Attach Schedule M (for businesses). | 21 | 68,154 | .00 |
| 22 | Total subtractions. Add Lines 10 through 21. | 22 | 68,154 | .00 |
| 23 | Base income or loss. Subtract Line 22 from Line 9. | 23 | -5,196,254 | .00 |

| | |
|-------------|--|
| STOP | A If the amount on Line 23 is derived inside Illinois only, check this box and enter the amount from Step 3, Line 23 on Step 5, Line 35. You may not complete Step 4. (You must leave Step 4, Lines 24 through 34 blank.) <input type="checkbox"/> |
| | Note → If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 4. |
| | B If any portion of the amount on Line 23 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 4. (Do not leave Lines 28 through 30 blank.) See instructions. <input checked="" type="checkbox"/> |

Step 4: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

| | | | | |
|----|--|----|------------|-----|
| 24 | Nonbusiness income or loss. Attach Schedule NB. | 24 | 0 | .00 |
| 25 | Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. | 25 | 0 | .00 |
| 26 | Add Lines 24 and 25. | 26 | 0 | .00 |
| 27 | Business income or loss. Subtract Line 26 from Line 23. | 27 | -5,196,254 | .00 |
| 28 | Total sales everywhere. This amount cannot be negative. | 28 | 27,659,510 | |
| 29 | Total sales inside Illinois. This amount cannot be negative. | 29 | 957,384 | |
| 30 | Apportionment Factor. Divide Line 29 by Line 28. Round to six decimal places. | 30 | .034613 | |
| 31 | Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30. | 31 | -179,858 | .00 |
| 32 | Nonbusiness income or loss allocable to Illinois. Attach Schedule NB. | 32 | 0 | .00 |
| 33 | Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. | 33 | 0 | .00 |
| 34 | Base income or loss allocable to Illinois. Add Lines 31 through 33. | 34 | -179,858 | .00 |

Step 5: Figure your net income

| | | | | |
|----|--|----|----------|-----|
| 35 | Base income or net loss from Step 3, Line 23, or Step 4, Line 34. | 35 | -179,858 | .00 |
| 36 | Discharge of indebtedness adjustment. Attach federal Form 982. See instructions. | 36 | | .00 |
| 37 | Adjusted base income or net loss. Add Lines 35 and 36. See instructions. | 37 | -179,858 | .00 |
| 38 | Illinois net loss deduction. If Line 37 is zero or a negative amount, enter zero. Attach Schedule NLD or UB/NLD. Check this box and attach a detailed statement if you have merged losses. | 38 | | .00 |
| 39 | Net income. Subtract Line 38 from Line 37. | 39 | -179,858 | .00 |

Step 6: Figure your replacement tax after credits

| | | | | |
|----|---|----|---|-----|
| 40 | Replacement tax. Multiply Line 39 by 2.5% (.025). | 40 | | .00 |
| 41 | Recapture of investment credits. Attach Schedule 4255. | 41 | | .00 |
| 42 | Replacement tax before credits. Add Lines 40 and 41. | 42 | | .00 |
| 43 | Investment credits. Attach Form IL-477. | 43 | | .00 |
| 44 | Replacement tax after credits. Subtract Line 43 from Line 42. If the amount is negative, enter zero. | 44 | 0 | .00 |

Step 7: Figure your income tax after credits

| | | | | |
|----|--|----|---|-----|
| 45 | Income tax. Multiply Line 39 by 7.0% (.07). | 45 | | .00 |
| 46 | Recapture of investment credits. Attach Schedule 4255. | 46 | | .00 |
| 47 | Income tax before credits. Add Lines 45 and 46. | 47 | | .00 |
| 48 | Income tax credits. Attach Schedule 1299-D. | 48 | | .00 |
| 49 | Income tax after credits. Subtract Line 48 from Line 47. If the amount is negative, enter zero. | 49 | 0 | .00 |

Step 8: Figure your refund or balance due

| | | | | |
|----|--|----|---|-----|
| 50 | Replacement tax before reductions. Enter the amount from Line 44. | 50 | 0 | .00 |
| 51 | Foreign Insurer replacement tax reduction. Attach Schedule INS or UB/INS. See instructions. | 51 | | .00 |
| 52 | Subtract Line 51 from Line 50. This is your net replacement tax. | 52 | | .00 |
| 53 | Income tax before reductions. Enter the amount from Line 49. | 53 | 0 | .00 |
| 54 | Foreign Insurer income tax reduction. Attach Schedule INS or UB/INS. See instructions. | 54 | | .00 |
| 55 | Subtract Line 54 from Line 53. This is your net income tax. | 55 | 0 | .00 |
| 56 | Compassionate Use of Medical Cannabis Program Act surcharge. See instructions. | 56 | | .00 |
| 57 | Sale of assets by gaming licensee surcharge. See instructions. | 57 | | .00 |
| 58 | Total net income and replacement taxes and surcharges. Add Lines 52, 55, 56, and 57. | 58 | 0 | .00 |
| 59 | Underpayment of estimated tax penalty from Form IL-2220. See instructions. | 59 | | .00 |
| 60 | Total taxes, surcharges, and penalty. Add Lines 58 and 59. | 60 | 0 | .00 |

| | | | | |
|----|--|-----|--|-----|
| 61 | Payments. See instructions. | | | |
| a | Credits from previous overpayments. | 61a | | .00 |
| b | Total payments made before the date this return is filed. | 61b | | .00 |
| c | Pass-through withholding reported to you. Attach Schedule(s) K-1-P or K-1-T. | 61c | | .00 |
| d | Pass-through entity tax credit reported to you. Attach Schedule(s) K-1-P or K-1-T. | 61d | | .00 |
| e | Illinois income tax withholding. Attach Form(s) W-2G. | 61e | | .00 |
| 62 | Total payments. Add Lines 61a through 61e. | 62 | | .00 |
| 63 | Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62. | 63 | | .00 |
| 64 | Amount to be credited forward. See instructions. Check this box and attach a detailed statement if this carryforward is going to a different FEIN. | 64 | | .00 |
| 65 | Refund. Subtract Line 64 from Line 63. This is the amount to be refunded. | 65 | | .00 |

66 **Complete to direct deposit your refund.**
Routing Number _____ ☐ Checking or ☐ Savings
Account Number _____

67 **Tax due.** If Line 60 is greater than Line 62, subtract Line 62 from Line 60. This is the amount you owe. 67 .00

Step 9: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete.

| | | | | | |
|------------------------|--|-----------------------------|-------------------|---------------|--|
| Sign Here | Signature of authorized officer | Date (mm/dd/yyyy) | CEO | 866-654-8777 | <input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step. |
| Paid Preparer Use Only | Print/Type paid preparer's name | Paid preparer's signature | Date (mm/dd/yyyy) | self-employed | Paid Preparer's PTIN |
| | Firm's name ▶ BAKER TILLY US, LLP | Firm's FEIN ▶ ** - *** 9910 | | | |
| | Firm's address ▶ PO BOX 7398 MADISON, WI 53707-7398 | Firm's phone ▶ 608.249.6622 | | | |

Illinois Department of Revenue

2022 Schedule M**Other Additions and Subtractions (for businesses)**

For tax years ending on or after December 31, 2022.

Attach to your Form IL-1120, IL-1120-ST, IL-1065, or IL-1041.

Year ending

12 22
Month Year

IL Attachment No. 15

Step 1: Provide the following information**EATSTREET, INC.**

Enter your name as shown on your tax return.

**** - ***5093**

Enter your federal employer identification number (FEIN)

Step 2: Figure your additions

Enter the amount of

- | | | | |
|---|------|-------|-----------|
| 1 Capital gain taxed under IRC Section 852(b)(3). | 1 | _____ | .00 |
| 2 Notes, bonds, debentures, or obligations issued by the Governments of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, or the Virgin Islands. | 2 | _____ | .00 |
| 3 Lloyd's plan of operation loss if reported on your behalf on Form IL-1065 and included in your federal taxable income. | 3 | _____ | .00 |
| 4 Business expense recapture. | 4 | _____ | .00 |
| 5 Any other state's income tax deducted from federal taxable income. (Form IL-1041 filers only) | 5 | _____ | .00 |
| 6 Capital loss to be carried forward. (Form IL-1041 filers only) | 6 | _____ | .00 |
| 7 Student-Assistance Contribution Credit taken on Schedule 1299-A or 1299-D. | 7 | _____ | .00 |
| 8 Dividends paid by a captive REIT. | 8 | _____ | .00 |
| 9 Deduction allowed under IRC Section 250(a)(1)(A). (Form IL-1120 filers only) | 9 | _____ | .00 |
| 10 Other additions - Identify each item. SEE STATEMENT 1 | 10 | _____ | 3,699 .00 |
| 11 Total additions. Add Lines 1 through 10. Enter the amount here and on your Form IL-1120, Line 8, Form IL-1120-ST, Line 21, Form IL-1065, Line 22 or Form IL-1041, Line 10. | → 11 | _____ | 3,699 .00 |

Step 3: Figure your subtractions

Enter the amount of

- | | | | |
|---|----|-------|-----|
| 12 Exempt interest dividends paid by regulated investment companies (IRC Section 852(b)(5)). | 12 | _____ | .00 |
| 13 Notes, bonds, debentures, or obligations issued by the Governments of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, or the Virgin Islands to the extent the amounts were required to be added back on Line 2. | 13 | _____ | .00 |
| 14 Lloyd's plan of operation income if reported on your behalf on Form IL-1065. | 14 | _____ | .00 |
| 15 Income for which you claimed a credit under IRC Section 1341. | 15 | _____ | .00 |
| 16 Expenses of federally tax-exempt income and federal credits. See instructions. Specify any amount relating to the following: | | | |
| a Interest expenses relating to municipal income (IRC Section 291) | a | _____ | .00 |
| b Interest and other expenses related to federally tax-exempt interest (IRC Section 265) | b | _____ | .00 |
| c Bond premium amortization on federally tax-exempt bonds (IRC Section 171) | c | _____ | .00 |
| d Expenses related to certain federal credits (IRC Section 280C) | d | _____ | .00 |
| e Change in insurance company reserves (IRC Section 807 or 832) | e | _____ | .00 |
| f Reduction in depreciation related to railroad maintenance credits (IRC Section 45G) | f | _____ | .00 |
| g Gross income resulting from alternative energy credits (IRC Section 87) | g | _____ | .00 |
| 17 Add Lines 16a through 16g. | 17 | _____ | .00 |
| 18 Add Lines 12 through 15 and Line 17. Enter the amount here and on Line 19. | 18 | _____ | .00 |

**Step 3: Continued**

| | | | | |
|-----------|---|-----------|-------|------------|
| 19 | Enter the amount from Line 18. | 19 | _____ | .00 |
| 20 | Interest on the following obligations of Illinois state and local government, only if included in Illinois income (see instructions). Attach a copy of the statement that identifies the payer and the amount of interest for each obligation. | | | |
| a | Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes) | a | _____ | .00 |
| b | Illinois Development Finance Authority bonds, notes, and other evidence of obligations (only venture fund and infrastructure bonds) | b | _____ | .00 |
| c | Illinois Sports Facilities Authority bonds | c | _____ | .00 |
| d | Illinois Development Finance Authority bonds (only those issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87) | d | _____ | .00 |
| e | Illinois Development Finance Authority bonds or Illinois Finance Authority bonds issued under the Asbestos Abatement Finance Act | e | _____ | .00 |
| f | Bonds issued by the Illinois Finance Authority under the Illinois Finance Authority Act | f | _____ | .00 |
| g | Southwestern Illinois Development Authority bonds | g | _____ | .00 |
| h | Illinois Power Agency bonds issued by the Illinois Finance Authority under Other Powers Article in the Illinois Finance Authority Act | h | _____ | .00 |
| i | Central Illinois Economic Development Authority bonds issued under the Central Illinois Economic Development Authority Act | i | _____ | .00 |
| j | Eastern Illinois Economic Development Authority bonds issued under the Eastern Illinois Economic Development Authority Act | j | _____ | .00 |
| k | Southeastern Illinois Economic Development Authority bonds issued under the Southeastern Illinois Economic Development Authority Act | k | _____ | .00 |
| l | Southern Illinois Economic Development Authority bonds issued under the Southern Illinois Economic Development Authority Act | l | _____ | .00 |
| m | Illinois Urban Development Authority bonds issued under the Illinois Urban Development Authority Act | m | _____ | .00 |
| n | Downstate Illinois Sports Facilities Authority bonds issued under the Downstate Illinois Sports Facilities Authority Act | n | _____ | .00 |
| o | Western Illinois Economic Development Authority bonds issued under the Western Illinois Economic Development Authority Bonds Act | o | _____ | .00 |
| p | Upper Illinois River Valley Development Authority bonds issued under the Upper Illinois River Valley Development Authority Act | p | _____ | .00 |
| q | Will-Kankakee Regional Development Authority bonds issued under the Will-Kankakee Regional Development Authority Law | q | _____ | .00 |
| r | Tri-County River Valley Development Authority bonds issued under the Tri-County River Valley Development Authority Law | r | _____ | .00 |
| s | Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority) | s | _____ | .00 |
| t | Quad Cities Interstate Metropolitan Authority bonds | t | _____ | .00 |
| u | Rural Bond Bank Act bonds and notes | u | _____ | .00 |
| v | Bonds issued under the Export Development Act of 1983 | v | _____ | .00 |
| w | College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act | w | _____ | .00 |
| x | New Harmony Bridge Authority bonds | x | _____ | .00 |
| y | New Harmony Bridge Bi-State Commission bonds | y | _____ | .00 |
| 21 | Add Lines 20a through 20y. | 21 | _____ | .00 |
| 22 | Add Lines 19 and 21. Enter the amount here and on Line 23. | 22 | _____ | .00 |

**Step 3: Continued**

| | | | | |
|-----------|--|-----------|--------|-----|
| 23 | Enter the amount from Line 22. | 23 | _____ | .00 |
| 24 | Federally taxed Illinois state refund from prior years. | 24 | _____ | .00 |
| 25 | Dividends received, including IRC Section 78 Foreign Dividend Gross-up and subpart F income. (Form IL-1120-ST filers only) | 25 | _____ | .00 |
| 26 | Contributions made to a job training project. See instructions. (Form IL-1120-ST and Form IL-1065 filers only) | 26 | _____ | .00 |
| 27 | Reparations or other amounts received as a victim of persecution by Nazi Germany. (Form IL-1041 filers only) | 27 | _____ | .00 |
| 28 | Income eligible for a deduction by an attorney-in-fact under IRC Section 835. | 28 | _____ | .00 |
| 29 | Income from Illinois pre-need funeral, burial, and cemetery trusts. | 29 | _____ | .00 |
| 30 | Income earned by nuclear decommissioning trusts established under the Public Utilities Act. | 30 | _____ | .00 |
| 31 | Recovery of items previously deducted on Form U.S. 1040, Schedule A, filed by the decedent (including refunds of any state and local income taxes, other than Illinois). (Form IL-1041, Estate filers only) | 31 | _____ | .00 |
| 32 | Refunds of state income taxes added back in a prior year on Schedule M, Line 5. (Form IL-1041 filers only) | 32 | _____ | .00 |
| 33 | Excess business loss disallowed by IRC Section 461(l)(1)(B). (Form IL-1041 filers only) | 33 | _____ | .00 |
| 34 | Unused patronage or nonpatronage loss amounts from Schedule INL. (Form IL-1120 filers only) See instructions. Identify the year you first made the Schedule INL, Step 2, Line 1a election. _____ | 34 | _____ | .00 |
| 35 | Eligible subtractions from Publication 101 that are not subtracted anywhere else. See instructions. Identify each item. SEE STATEMENT 2 _____ | 35 | 68,154 | .00 |
| 36 | Total subtractions. Add Lines 23 through 35. Enter the amount here and on Form IL-1120, Line 21, Form IL-1120-ST, Line 33, Form IL-1065, Line 33, or Form IL-1041, Line 24. → | 36 | 68,154 | .00 |

| IL SCH M | OTHER ADDITIONS | STATEMENT 1 |
|--------------------------------------|-----------------|-------------|
| DESCRIPTION | | AMOUNT |
| DEPRECIATION ADDBACK | | 3,699.00 |
| TOTAL TO SCHEDULE M, PAGE 1, LINE 10 | | 3,699.00 |

| IL SCH M | OTHER SUBTRACTIONS | STATEMENT 2 |
|--------------------------------------|--------------------|-------------|
| DESCRIPTION | | AMOUNT |
| DISPOSAL OF FIXED ASSETS | | 68,154.00 |
| TOTAL TO SCHEDULE M, PAGE 3, LINE 35 | | 68,154.00 |

TAX RETURN FILING INSTRUCTIONS

INDIANA FORM IT-20

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|---|
| Total tax | \$ | 0 |
| Less: payments and credits | \$ | 0 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| No payment required | \$ | |

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the INDOR, please sign, date and return Form IT-8879C to our office. We will then submit the return to the INDOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Return Form IT-8879C to us by November 15, 2023.

Special Instructions:

**Form
IT-8879C**State Form 55685
(R9 / 12-22)

Indiana Income Tax

DECLARATION OF ELECTRONIC FILING

For calendar year 2022, or other tax year beginning

_____, 2022 and ending _____

**Do Not Mail
This Form
To DOR**

Submission ID

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|
| | | | | | | - | | | | | | | - | | | | | | |
|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|

| | | | | | | | | | |
|--|--|------------------------|--|---|--|--------------------------|--|---|--|
| Corporation/Partnership/Fiduciary Name EATSTREET, INC. | | | | Federal Employer Identification Number ** ***5093 | | | | | |
| Street Address 1574 W BROADWAY | | City MADISON | | State WI | | ZIP Code 53713 | | Daytime Telephone Number 866 654 8777 | |

Part I Tax Return Information (See Instructions)

| | | |
|---|----|-------------|
| 1. Total net income (loss) from Form IT-20S/IT-65/IT-20/IT-41, line 1 | 1. | -5131799.00 |
| 2. Total income as adjusted (Form IT-20S/IT-65, line 3; Form IT-20, line 21; Form IT-41, line 9) | 2. | -25653.00 |
| 3. IT-20S ONLY: Total income tax from Schedule B (IT-20S, line 13) | 3. | .00 |
| 4. Total tax (Form IT-20S, line 16; Form IT-65, line 7; Form IT-20, line 23; Form IT-41, line 12) | 4. | .00 |
| 5. Subtotal (Form IT-20S, line 23; Form IT-65, line 14; Form IT-20, line 41; Form IT-41, line 15) | 5. | .00 |
| 6. Total amount due (Form IT-20S, line 27; Form IT-65, line 18; Form IT-20, line 45; Form IT-41, line 19) | 6. | .00 |
| 7. Overpayment/Refund (Form IT-20S, line 28; Form IT-65, line 19; Form IT-20, line 46; Form IT-41, line 20) | 7. | .00 |

Part II Electronic Settlement

8. Type of settlement: ☐ Direct Deposit of Refund

☐ Direct Debit of Amount Owed Amount Date of Withdrawal

9. Routing number: Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.

10. Account number:

11. Type of account: ☐ Checking ☐ Savings

12. Place an "X" in the box if refund will go to an account outside the United States. ☐

**Do Not Mail
This Form
To DOR**

My request for direct deposit of my refund, or direct debit of the amount I owe, includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and Federal Employer Identification Number to ensure my refund or payment is properly processed.

Part III Declaration of Taxpayer

Under penalties of perjury, I declare that I am an officer of the corporation/partnership/fiduciary listed above and the amounts in Part I agree with the amounts on the corresponding lines of the electronic portion of the corporation's/partnership's/fiduciary's 2022 Indiana income tax returns. To the best of my knowledge and belief, this 2022 return is true, correct, and complete. I consent to my electronic return originator (ERO) sending my return, this declaration, and accompanying schedule and statements to the Indiana Department of Revenue (DOR). I also consent to DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to DOR of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Officer's signature ► _____ Title CEO Date _____

Part IV. Declaration of ERO/Preparer/Transmitter

I confirm that I am submitting this return in accordance with the IRS and Indiana Department of Revenue electronic filing programs.

ERO's EFIN 390950 PTIN (if preparer) P00543528 Phone 608.249.6622

ERO's Signature ► DANIEL T. O'CONNOR, CPA

ERO Must Retain This Form - See instructions. Do Not Submit this form to DOR unless requested to do so.

**I
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Form IT-20

State Form 44275
(R20 / 8-22)

Indiana Corporate Adjusted Gross Income Tax Return

2022

For Calendar Year Ending December 31, 2022 or Other Tax Year

Beginning

2022 and ending

Check box if amended ☐Check box if amendment is due to a federal audit ☐Check box if name changed ☐

| | | | | |
|---|--------------------|---|--|---|
| Name of Corporation EATSTREET, INC. | | | Federal Employer Identification Number ***5093 | |
| Number and Street 1574 W BROADWAY ST STE 200 #PMB1005 | | Principal Business Activity Code 722300 | | Foreign Country 2-Character Code |
| City MADISON | State WI | ZIP Code 53713 | 2-Digit County Code 00 | Telephone Number 866 654 8777 |

- J. Check all boxes that apply: Initial Return ☐ Final Return ☐ In Bankruptcy ☐ Insurance Co. ☐ Cooperative/IC-DISC ☐ REMIC ☐
- K. Date of incorporation 010112 in the state of WI
- L. State of commercial domicile WI
- M. Year of initial Indiana return 2016
- N. Location of records if different from above address:
1574 W BROADWAY ST STE 200 PMB1005
- O. Check box if the corporation paid any quarterly estimated tax using different federal employer identification numbers ☐
- P. Check box if you file federal Form 1120 on a consolidated basis ☐
- Q. I am filing on a combined basis, and there are material changes in circumstances since the last petition was filed. ☐
- R. 80% or more of gross income is derived from making, acquiring, selling, or servicing loans or extensions of credit. ☐
- S. This is a consolidated return for adjusted gross income tax. ☐
- T. This return is filed on a combined basis. ☐
- U. In determining taxable income, I deducted any intangible expenses or directly related intangible interest expenses paid to ≥ 50% owned affiliates. ☐
- V. I have on file a valid extension of time (federal Form 7004 or an electronic extension of time) to file my return. ☒
- W. This entity reports income from disregarded entities. ☐

Computation of Adjusted Gross Income Tax

1. Federal taxable income (before federal NOL and special deductions); use a minus sign for negative amounts
2. Net qualifying dividends deduction from federal Schedule C, Form 1120
3. Subtract line 2 from line 1

Modifications for Adjusted Gross Income (see instructions)

4. Enter name of addback or deduction OTHER CURRENT YR CONFORMITY Code No. 1 2 0
5. Enter name of addback or deduction OTHER CURRENT YR CONFORMITY Code No. 1 4 7
6. Enter name of addback or deduction OTHER CURRENT YR CONFORMITY Code No. 1 4 7
7. Enter name of addback or deduction MEAL DEDUCTION Code No. 1 4 9
8. Enter name of addback or deduction EXCESS FEDERAL INTEREST DEDU Code No. 1 4 2
9. Enter name of addback or deduction CERTAIN TAXES DEDUCTED Code No. 1 0 0
10. Enter name of addback or deduction Code No.
11. Subtotal (add/subtract lines 3 through 10; use a minus sign for negative amounts)

Other Adjustments

12. Foreign source dividends (enclose Schedule IT-20FSD; enter as a positive amount)
13. Subtotal of income with adjustments (subtract line 12 from line 11)
14. Deduct: All source nonbusiness income or (loss) and non-unitary partnership distributions from IT-20 Schedule F, column C, line 10
15. Taxable business income (subtract line 14 from line 13)

Apportionment of Income for Entity with Multi state Activities

16. Check one of the following apportionment methods used, attach completed schedule, and enter percentage on line 16d
- ☒ 16a Schedule E, from line 9.
- ☐ 16b Schedule E-7, from line 10 (for interstate transportation).
- ☐ 16c Other approved method.

- 16d. Enter Indiana apportionment percentage, if applicable (round percent to two decimals)
17. Indiana apportioned business income (multiply line 15 by percent on line 16d)

If apportionment of income is not applicable, enter the total amount from line 15.

Add Allocated and Previously Apportioned Income to Indiana

18. Enter Indiana nonbusiness income or loss and Indiana non-unitary partnership income or loss from IT-20 Schedule F, column D, line 11
19. Indiana adjusted gross income before net operating loss deduction (add lines 17 and 18)

Deduct from Indiana Adjusted Gross Income

20. Indiana NOL deduction. Enter as positive amount from column B of Schedule IT-20NOL(s) for each loss year
21. Taxable adjusted gross income (subtract line 20 from line 19 and carry positive result to line 22 on page 2 of return).

Round All Entries

| | | |
|-----|-----------|----|
| 1 | -5131799 | 00 |
| 2 | | 00 |
| 3 | -5131799 | 00 |
| 4 | 3699 | 00 |
| 5 | -68154 | 00 |
| 6 | -2708894 | 00 |
| 7 | 3708 | 00 |
| 8 | -2819995 | 00 |
| 9 | 32501 | 00 |
| 10 | | 00 |
| 11 | -10688934 | 00 |
| 12 | | 00 |
| 13 | -10688934 | 00 |
| 14 | | 00 |
| 15 | -10688934 | 00 |
| 16d | 0.24 | % |
| 17 | -25653 | 00 |
| 18 | | 00 |
| 19 | -25653 | 00 |
| 20 | | 00 |
| 21 | -25653 | 00 |

Tax Calculation

| | | |
|--|-----|-----|
| 22. Enter amount of Indiana adjusted gross income subject to tax from line 21 | 22 | 000 |
| 23. Indiana adjusted gross income tax (multiply line 22 by tax rate; see instructions; cannot be less than zero) | 23 | 000 |
| 24. Sales/use tax due from worksheet | 24 | 00 |
| Nonrefundable Tax Liability Credits (enclose supporting documentation) | | |
| 25. College and University Contribution Credit (CC-40) 25a. 807 | 25b | 00 |
| 26. Indiana Research Expense Credit (IT-20RE C) 26a. 822 | 26b | 00 |
| 27. Enterprise Zone Employment Expense Credit (E Z 2) 27a. 812 | 27b | 00 |
| 28. Enterprise Zone Loan Interest Credit (LIC) 28a. 814 | 28b | 00 |
| Other Nonrefundable Credits (see instructions) | | |
| 29. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return | 29 | 00 |
| 30. Enter name of credit _____ Code No. 30a. _ _ _ | 30 | 00 |
| 31. Enter name of credit _____ Code No. 31a. _ _ _ | 31 | 00 |
| 32. Total of nonrefundable tax liability credits (add lines 25b through 31b; sum of credits applied may not exceed line 23; other restrictions may apply) | 32 | 00 |
| 33. Total taxes due (add lines 23 and 24 and then subtract line 32; cannot be less than zero) | 33 | 000 |
| Credit for Estimated Tax, Other Payments, and Refundable Credits | | |
| 34. Total quarterly estimated income tax paid (itemize quarterly IT-6/EFT payments below) | 34 | 00 |
| Qtr1 _____ Qtr 2 _____ Qtr 3 _____ Qtr 4 _____ | | |
| 35. Enter overpayment credit from tax year ending _____ | 35 | 00 |
| 36. Enter this year's extension payment | 36 | 00 |
| 37. Other payments, credits (attach supporting evidence) | 37 | 00 |
| 38. EDGE credit (enter amount from line 19 of Schedule IN-EDGE) | 38 | 00 |
| 39. EDGE-R credit (enter amount from line 19 of Schedule IN-EDGE-R) | 39 | 00 |
| 40. Total payments and credits (add lines 34 through 39) | 40 | 00 |
| Balance of Tax Due or Overpayment | | |
| 41. Balance of Tax Due: If line 33 is greater than line 40, enter the difference as the net tax balance due | 41 | 000 |
| 42. Penalty for Underpayment of Income Tax from attached Schedule IT-2220 <input type="checkbox"/> Check box if using annualization method | 42 | 00 |
| 43. Interest: If payment is made after the original due date, compute interest. (Contact the Department for current interest rate) | 43 | 00 |
| 44. Late Penalty: If paying late, enter 10% of line 41; see instructions. If lines 23 and 24 are zero, enter \$10 per day filed past due date; see instructions on page 24 | 44 | 00 |
| 45. Total Amount Owed: Add lines 41 through 44. Make check payable to Indiana Department of Revenue. Pay in U.S. funds ... | 45 | 00 |
| 46. Overpayment: If the sum of lines 33, 42, 43, and 44 is less than line 40, enter the difference as an overpayment ... | 46 | 00 |
| 47. Refund: Enter portion of line 46 to be refunded | 47 | 00 |
| 48. Overpayment Credit: Amount of line 46 less line 47 to be applied to the following year's estimated tax account | 48 | 00 |

Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Paid Preparer's Email Address

DANIEL.OCONNOR@BAKERTI

I authorize the Department to discuss my return with my personal representative (see instructions) Yes ☒ No ☐

STEVE ANASTASI

Personal Representative's Name (Print or Type)

STEVE.ANASTASI@EATSTREET.COM

Email Address

BAKER TILLY US, LLP

Paid Preparer: Firm's Name (or yours if self-employed)

PTIN

P00543528

608 249 6622

Telephone Number

PO BOX 7398

Address

MADISON

City

WI

State

53707 7398

ZIP Code + 4

Signature of Corporate Officer

Date

CEO

Print or Type Name of Corporate Officer

Title

DANIEL T. O'CONNOR, C **11 09 23**

Signature of Paid Preparer

Date

DANIEL T. O'CONNOR, CPA

Print or Type Name of Paid Preparer

If you owe tax, please mail your return to IN Department of Revenue, PO Box 7087, Indianapolis, IN 46207-7087.

If you do **not** owe any tax, mail it to IN Department of Revenue, PO Box 7231, Indianapolis, IN 46207-7231.

SCHEDULE EForm IT-20/20S/20NP/IT-65
State Form 49105
(R21 / 8-22)**Apportionment of Income for Indiana**for Tax Year Beginning 2022 and Ending

Name as shown on return

Federal Employer Identification Number

EATSTREET, INC.**** ***5093**

Each filing entity having income from sources both within and outside Indiana must complete an apportionment schedule except financial institutions and certain insurance companies that use a single receipts factor. Interstate transportation entities must use Schedule E-7. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12 and Tax Policy Directive #6. Omit cents; percents should be rounded two decimal places; read apportionment instructions.

Part I - Indiana Apportionment of Adjusted Gross Income**Sales/Receipts (less returns and allowances)**

Include all non-exempt apportioned gross business income. Do not use non-unitary partnership income of previously apportioned income that must be separately reported as allocated income.

| | Column A Total Within Indiana | Column B Total Within and Outside Indiana | Column C Indiana Percentage |
|---|--|---|--|
| Sales delivered or shipped to Indiana: | | | |
| 1. Shipped from within Indiana | <input type="text" value=""/> <input type="text" value="00"/> | | |
| 2. Shipped from outside Indiana | <input type="text" value=""/> <input type="text" value="00"/> | | |
| Sales shipped from Indiana to: | | | |
| 3. The United States government | <input type="text" value=""/> <input type="text" value="00"/> | | |
| 4. Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272) (for years beginning prior to Jan. 1, 2016 only) | <input type="text" value=""/> <input type="text" value="00"/> | | |
| Other | | | |
| 5. Interest & other receipts from extending credit attributed to Indiana | <input type="text" value=""/> <input type="text" value="00"/> | | |
| 6. Other gross business receipts not previously apportioned | <input type="text" value="68802"/> <input type="text" value="00"/> | | |
| 7. Direct premiums and annuities received for insurance upon property or risks in Indiana | <input type="text" value=""/> <input type="text" value="00"/> | | |
| 8. Total Receipts: Add column A receipts lines on 1A through 7A and enter in line 8A. Enter all receipts on line 8B | 8A <input type="text" value="68802"/> <input type="text" value="00"/> | 8B <input type="text" value="28893995"/> <input type="text" value="00"/> | |
| Apportionment of income for Indiana: | | | |
| 9. Apportionment Percentage: Divide line 8A by line 8B (insert as percent, not decimal) | | | <input type="text" value="9"/> <input type="text" value="0.24"/> <input type="text" value=""/> |

Schedule E

Page 2

Part II - Business/Other Income Questionnaire

1. List all business locations where the taxpayer has operations or partnership interests and indicate type of activities. This section must be completed - attach additional sheets if necessary.

| City | State | Nature of Business Activity |
|---------|-------|-----------------------------|
| MADISON | WI | OPERATIONS HEADQUARTERS |

Accepts Orders? ☒ Yes ☐ No Registered to Do Business? ☒ Yes ☐ No Files Returns in State? ☒ Yes ☐ No

Property in State Leased? ☒ Yes ☐ No Property in State Owned? ☒ Yes ☐ No

| City | State | Nature of Business Activity |
|------|-------|-----------------------------|
| | | |

Accepts Orders? ☐ Yes ☐ No Registered to Do Business? ☐ Yes ☐ No Files Returns in State? ☐ Yes ☐ No

Property in State Leased? ☐ Yes ☐ No Property in State Owned? ☐ Yes ☐ No

| City | State | Nature of Business Activity |
|------|-------|-----------------------------|
| | | |

Accepts Orders? ☐ Yes ☐ No Registered to Do Business? ☐ Yes ☐ No Files Returns in State? ☐ Yes ☐ No

Property in State Leased? ☐ Yes ☐ No Property in State Owned? ☐ Yes ☐ No

| City | State | Nature of Business Activity |
|------|-------|-----------------------------|
| | | |

Accepts Orders? ☐ Yes ☐ No Registered to Do Business? ☐ Yes ☐ No Files Returns in State? ☐ Yes ☐ No

Property in State Leased? ☐ Yes ☐ No Property in State Owned? ☐ Yes ☐ No

2. Briefly describe the nature of Indiana business activities, including the exact title and principal business activity of any partnership in which the taxpayer has an interest:

SALES AND EMPLOYEES IN INDIANA

3. Indicate any partnership in which you have a unitary or general partnership relationship:

N/A - NO PARTNERSHIP INTEREST

4. Briefly describe the nature of activities of sales personnel operating and soliciting business in Indiana:

N/A - NO SALES PERSONNEL IN IN

5. Do Indiana receipts for line 3A include all sales shipped from Indiana to (1) the U.S. government; or (2) locations where this taxpayer's only activity in the state of the purchaser consists of the mere solicitation of orders? If no, please explain.

☐ Yes ☒ No

N/A - ALL SALES INCLUDED

6. List the source of any directly allocated income from partnerships, estates, and trusts not in the taxpayer's apportioned tax base:

N/A

Schedule

IT-20NOL

State Form 439
(R19 /8-22)**Corporate Income Tax
Indiana Net Operating Loss Deduction**

Use a minus sign to denote negative amounts.

Page attachment sequence #9

| | |
|---|---|
| Name of Corporation or Organization EATSTREET, INC. | Federal Employer Identification Number ** ***5093 |
|---|---|

Part 1 - Computation of Indiana Net Operating Loss

| | |
|--|---|
| Name of Entity reporting NOL EATSTREET, INC. | Federal Employer Identification Number of Entity reporting NOL ** ***5093 |
|--|---|

Tax Year of Net Operating Loss (must have filed Indiana IT-20 or IT-20NP): MM/DD/YYYY **12 31 2016**

Round all entries to the nearest whole dollar

| | | | |
|---|----|----------|----|
| 1. Taxable Business Income from IT-20 Line 15 or IT-20NP Line 9 | 1 | -7431694 | 00 |
| 2. Add Foreign Source Dividends deducted from IT-20 Line 12 | 2 | 0 | 00 |
| 3. Add any modifications to federal net operating losses required under federal law | 3 | 0 | 00 |
| 4. Add any deduction for contributions to a regional development authority infrastructure fund | 4 | 0 | 00 |
| 5. Subtract any amount deducted under IRC s. 250(a)(1)(B) | 5 | 0 | 00 |
| 6. Subtotal | 6 | -7431694 | 00 |
| 7. Apportionment Percentage from IT-20 Line 16(d) or IT-20NP Line 10 | 7 | 1.43 | % |
| 8. Multiply Line 6 by Line 7 | 8 | -106273 | 00 |
| 9. Add or subtract Indiana nonbusiness income (loss) and Indiana non-unitary partnership income | 9 | 0 | 00 |
| 10. Add lines 8 and 9. If negative, this is the Indiana NOL deduction available | 10 | -106273 | 00 |

Part 2 - Computation of Indiana Net Operating Loss Deduction and Carryover

| Loss Year MM/DD/YYYY | NOL Deduction Used Column A | Balance Available Column B |
|-------------------------|--------------------------------|-------------------------------|
| 12 31 2016 | | 95821 |

| Carryover Available | MM/DD/YYYY | Prior Row Column B - Current Row Column A |
|---------------------|------------|---|
| 1st year | 12 31 2017 | 10452 |
| 2nd year | | |
| 3rd year | | |
| 4th year | | |
| 5th year | | |
| 6th year | | |
| 7th year | | |
| 8th year | | |
| 9th year | | |
| 10th year | | |
| 11th year | | |
| 12th year | | |
| 13th year | | |
| 14th year | | |
| 15th year | | |
| 16th year | | |
| 17th year | | |
| 18th year | | |
| 19th year | | |
| 20th year | | |

Schedule

IT-20NOL

State Form 439
(R19 /8-22)**Corporate Income Tax
Indiana Net Operating Loss Deduction**

Use a minus sign to denote negative amounts.

Page attachment sequence #9

| | |
|---|---|
| Name of Corporation or Organization EATSTREET, INC. | Federal Employer Identification Number ** ***5093 |
|---|---|

Part 1 - Computation of Indiana Net Operating Loss

| | |
|--|---|
| Name of Entity reporting NOL EATSTREET, INC. | Federal Employer Identification Number of Entity reporting NOL ** ***5093 |
|--|---|

Tax Year of Net Operating Loss (must have filed Indiana IT-20 or IT-20NP): MM/DD/YYYY **12 31 2017**

Round all entries to the nearest whole dollar

| | | | |
|---|----|-----------|----|
| 1. Taxable Business Income from IT-20 Line 15 or IT-20NP Line 9 | 1 | -10997873 | 00 |
| 2. Add Foreign Source Dividends deducted from IT-20 Line 12 | 2 | 0 | 00 |
| 3. Add any modifications to federal net operating losses required under federal law | 3 | 0 | 00 |
| 4. Add any deduction for contributions to a regional development authority infrastructure fund | 4 | 0 | 00 |
| 5. Subtract any amount deducted under IRC s. 250(a)(1)(B) | 5 | 0 | 00 |
| 6. Subtotal | 6 | -10997873 | 00 |
| 7. Apportionment Percentage from IT-20 Line 16(d) or IT-20NP Line 10 | 7 | 1.06 | % |
| 8. Multiply Line 6 by Line 7 | 8 | -116577 | 00 |
| 9. Add or subtract Indiana nonbusiness income (loss) and Indiana non-unitary partnership income | 9 | 0 | 00 |
| 10. Add lines 8 and 9. If negative, this is the Indiana NOL deduction available | 10 | -116577 | 00 |

Part 2 - Computation of Indiana Net Operating Loss Deduction and Carryover

| Loss Year MM/DD/YYYY | NOL Deduction Used Column A | Balance Available Column B |
|-------------------------|--------------------------------|-------------------------------|
| 12 31 2017 | | 116577 |

| Carryover Available MM/DD/YYYY | Prior Row Column B - Current Row Column A |
|-----------------------------------|---|
| 1st year | |
| 2nd year | |
| 3rd year | |
| 4th year | |
| 5th year | |
| 6th year | |
| 7th year | |
| 8th year | |
| 9th year | |
| 10th year | |
| 11th year | |
| 12th year | |
| 13th year | |
| 14th year | |
| 15th year | |
| 16th year | |
| 17th year | |
| 18th year | |
| 19th year | |
| 20th year | |

Schedule

IT-20NOL

State Form 439
(R19 /8-22)**Corporate Income Tax
Indiana Net Operating Loss Deduction**

Use a minus sign to denote negative amounts.

Page attachment sequence #9

| | |
|---|---|
| Name of Corporation or Organization EATSTREET, INC. | Federal Employer Identification Number ** ***5093 |
|---|---|

Part 1 - Computation of Indiana Net Operating Loss

| | |
|--|---|
| Name of Entity reporting NOL EATSTREET, INC. | Federal Employer Identification Number of Entity reporting NOL ** ***5093 |
|--|---|

Tax Year of Net Operating Loss (must have filed Indiana IT-20 or IT-20NP): MM/DD/YYYY **12 31 2018**

Round all entries to the nearest whole dollar

| | | | |
|---|----|-----------|----|
| 1. Taxable Business Income from IT-20 Line 15 or IT-20NP Line 9 | 1 | - 6723674 | 00 |
| 2. Add Foreign Source Dividends deducted from IT-20 Line 12 | 2 | 0 | 00 |
| 3. Add any modifications to federal net operating losses required under federal law | 3 | 0 | 00 |
| 4. Add any deduction for contributions to a regional development authority infrastructure fund | 4 | 0 | 00 |
| 5. Subtract any amount deducted under IRC s. 250(a)(1)(B) | 5 | 0 | 00 |
| 6. Subtotal | 6 | - 6723674 | 00 |
| 7. Apportionment Percentage from IT-20 Line 16(d) or IT-20NP Line 10 | 7 | .73 | % |
| 8. Multiply Line 6 by Line 7 | 8 | - 49083 | 00 |
| 9. Add or subtract Indiana nonbusiness income (loss) and Indiana non-unitary partnership income | 9 | 0 | 00 |
| 10. Add lines 8 and 9. If negative, this is the Indiana NOL deduction available | 10 | - 49083 | 00 |

Part 2 - Computation of Indiana Net Operating Loss Deduction and Carryover

| Loss Year MM/DD/YYYY | NOL Deduction Used Column A | Balance Available Column B |
|-------------------------|--------------------------------|-------------------------------|
| 12 31 2018 | | 49083 |

| Carryover Available MM/DD/YYYY | Prior Row Column B - Current Row Column A |
|-----------------------------------|---|
| 1st year | |
| 2nd year | |
| 3rd year | |
| 4th year | |
| 5th year | |
| 6th year | |
| 7th year | |
| 8th year | |
| 9th year | |
| 10th year | |
| 11th year | |
| 12th year | |
| 13th year | |
| 14th year | |
| 15th year | |
| 16th year | |
| 17th year | |
| 18th year | |
| 19th year | |
| 20th year | |

Schedule

IT-20NOL

State Form 439
(R19 /8-22)**Corporate Income Tax
Indiana Net Operating Loss Deduction**

Use a minus sign to denote negative amounts.

Page attachment sequence #9

| | |
|---|---|
| Name of Corporation or Organization EATSTREET, INC. | Federal Employer Identification Number ** ***5093 |
|---|---|

Part 1 - Computation of Indiana Net Operating Loss

| | |
|--|---|
| Name of Entity reporting NOL EATSTREET, INC. | Federal Employer Identification Number of Entity reporting NOL ** ***5093 |
|--|---|

Tax Year of Net Operating Loss (must have filed Indiana IT-20 or IT-20NP): MM/DD/YYYY **12 31 2019**

Round all entries to the nearest whole dollar

| | | | |
|---|----|-----------|----|
| 1. Taxable Business Income from IT-20 Line 15 or IT-20NP Line 9 | 1 | - 6126031 | 00 |
| 2. Add Foreign Source Dividends deducted from IT-20 Line 12 | 2 | 0 | 00 |
| 3. Add any modifications to federal net operating losses required under federal law | 3 | 0 | 00 |
| 4. Add any deduction for contributions to a regional development authority infrastructure fund | 4 | 0 | 00 |
| 5. Subtract any amount deducted under IRC s. 250(a)(1)(B) | 5 | 0 | 00 |
| 6. Subtotal | 6 | - 6126031 | 00 |
| 7. Apportionment Percentage from IT-20 Line 16(d) or IT-20NP Line 10 | 7 | .55 | % |
| 8. Multiply Line 6 by Line 7 | 8 | - 33693 | 00 |
| 9. Add or subtract Indiana nonbusiness income (loss) and Indiana non-unitary partnership income | 9 | 0 | 00 |
| 10. Add lines 8 and 9. If negative, this is the Indiana NOL deduction available | 10 | - 33693 | 00 |

Part 2 - Computation of Indiana Net Operating Loss Deduction and Carryover

| Loss Year MM/DD/YYYY | NOL Deduction Used Column A | Balance Available Column B |
|-------------------------|--------------------------------|-------------------------------|
| 12 31 2019 | | 33693 |

| Carryover Available MM/DD/YYYY | Prior Row Column B - Current Row Column A |
|-----------------------------------|---|
| 1st year | |
| 2nd year | |
| 3rd year | |
| 4th year | |
| 5th year | |
| 6th year | |
| 7th year | |
| 8th year | |
| 9th year | |
| 10th year | |
| 11th year | |
| 12th year | |
| 13th year | |
| 14th year | |
| 15th year | |
| 16th year | |
| 17th year | |
| 18th year | |
| 19th year | |
| 20th year | |

Schedule

IT-20NOL

State Form 439
(R19 /8-22)**Corporate Income Tax
Indiana Net Operating Loss Deduction**

Use a minus sign to denote negative amounts.

Page attachment sequence #9

| | |
|---|---|
| Name of Corporation or Organization EATSTREET, INC. | Federal Employer Identification Number ** ***5093 |
|---|---|

Part 1 - Computation of Indiana Net Operating Loss

| | |
|--|---|
| Name of Entity reporting NOL EATSTREET, INC. | Federal Employer Identification Number of Entity reporting NOL ** ***5093 |
|--|---|

Tax Year of Net Operating Loss (must have filed Indiana IT-20 or IT-20NP): MM/DD/YYYY **12 31 2021**

Round all entries to the nearest whole dollar

| | | | |
|---|----|-----------|----|
| 1. Taxable Business Income from IT-20 Line 15 or IT-20NP Line 9 | 1 | -10719942 | 00 |
| 2. Add Foreign Source Dividends deducted from IT-20 Line 12 | 2 | 0 | 00 |
| 3. Add any modifications to federal net operating losses required under federal law | 3 | 0 | 00 |
| 4. Add any deduction for contributions to a regional development authority infrastructure fund | 4 | 0 | 00 |
| 5. Subtract any amount deducted under IRC s. 250(a)(1)(B) | 5 | 0 | 00 |
| 6. Subtotal | 6 | -10719942 | 00 |
| 7. Apportionment Percentage from IT-20 Line 16(d) or IT-20NP Line 10 | 7 | .24 | % |
| 8. Multiply Line 6 by Line 7 | 8 | -25728 | 00 |
| 9. Add or subtract Indiana nonbusiness income (loss) and Indiana non-unitary partnership income | 9 | 0 | 00 |
| 10. Add lines 8 and 9. If negative, this is the Indiana NOL deduction available | 10 | -25728 | 00 |

Part 2 - Computation of Indiana Net Operating Loss Deduction and Carryover

| Loss Year MM/DD/YYYY | NOL Deduction Used Column A | Balance Available Column B |
|-------------------------|--------------------------------|-------------------------------|
| 12 31 2021 | | 25728 |

| Carryover Available | MM/DD/YYYY | Prior Row Column B - Current Row Column A |
|---------------------|------------|---|
| 1st year | 12 31 2022 | 0 |
| 2nd year | | |
| 3rd year | | |
| 4th year | | |
| 5th year | | |
| 6th year | | |
| 7th year | | |
| 8th year | | |
| 9th year | | |
| 10th year | | |
| 11th year | | |
| 12th year | | |
| 13th year | | |
| 14th year | | |
| 15th year | | |
| 16th year | | |
| 17th year | | |
| 18th year | | |
| 19th year | | |
| 20th year | | |

Schedule

IT-20 RECAPState Form 49190
(R8 / 9-19)**Reconciliation of Federal Taxable Income**Tax Year Beginning JAN 1 2022 and Ending DEC 31 2022 Federal Employer Identification Number **_***5093

| Income | FEIN | FEIN | FEIN | Eliminations (Explain) | Combined |
|--|------------|------|------|------------------------|----------|
| | ** ***5093 | | | | |
| 1. Gross receipts or sales less returns and allowances | 28834297. | | | | |
| 2. Cost of goods sold | 607145. | | | | |
| 3. Gross profit (subtract line 2 from line 1) | 28227152. | | | | |
| 4. Dividends | | | | | |
| 5a. Interest - government | | | | | |
| b. Interest - other | 15864. | | | | |
| 6. Gross rents | | | | | |
| 7. Gross royalties | | | | | |
| 8. Capital gain net income from Schedule D | | | | | |
| 9. Net gain or (loss) from Form 4797 | -1247141. | | | | |
| 10. Other Income | 753000. | | | | |
| 11. Total Income (add lines 3 through 10) | 27748875. | | | | |
| Deductions | | | | | |
| 12. Compensation of officers | 895543. | | | | |
| 13. Salaries and wages | 12399234. | | | | |
| 14. Repairs and maintenance | 16823. | | | | |
| 15. Bad debts | | | | | |
| 16. Rents | 372244. | | | | |
| 17. Taxes and licenses | 2277826. | | | | |
| 18. Interest | | | | | |
| 19. Charitable contributions | | | | | |
| 20. Depreciation | 141471. | | | | |
| 21. Depletion | | | | | |
| 22. Advertising | 2309205. | | | | |
| 23. Pension, profit-sharing, etc. plans | 296795. | | | | |
| 24. Employment benefit programs | 1336864. | | | | |
| 25. Reserved | | | | | |
| 26. Other deductions (attach schedule) | 12834669. | | | | |
| 27. Total deductions (add lines 12 through 26) | 32880674. | | | | |
| 28. Taxable income before federal net operating loss & special deductions (subtract line 27 from line 11) | -5131799. | | | | |
| 29a. Federal net operating loss deduction | | | | | |
| b. Special deductions (federal Schedule C) | | | | | |

TAX RETURN FILING INSTRUCTIONS

KANSAS FORM K-120

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|---|
| Total tax | \$ | 0 |
| Less: payments and credits | \$ | 0 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| No payment required | \$ | |

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

Kansas Corporate Tax
Kansas Department of Revenue
PO Box 750260
Topeka, KS 66699-0260

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

Form **7004**
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**
▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

OMB No. 1545-0233

**Print
or
Type**

Name

EATSTREET, INC.

Number, street, and room or suite no. (If P.O. box, see instructions.)

1574 W BROADWAY ST STE 200 #PMB1005

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

MADISON, WI 53713

Identifying number

**** - ***5093**

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for **12**

| Application Is For: | Form Code | Application Is For: | Form Code |
|---|--------------|-----------------------------------|--------------|
| Form 706-GS(D) | 01 | Form 1120-ND (section 4951 taxes) | 20 |
| Form 706-GS(T) | 02 | Form 1120-PC | 21 |
| Form 1041 (bankruptcy estate only) | 03 | Form 1120-POL | 22 |
| Form 1041 (estate other than a bankruptcy estate) | 04 | Form 1120-REIT | 23 |
| Form 1041 (trust) | 05 | Form 1120-RIC | 24 |
| Form 1041-N | 06 | Form 1120S | 25 |
| Form 1041-QFT | 07 | Form 1120-SF | 26 |
| Form 1042 | 08 | Form 3520-A | 27 |
| Form 1065 | 09 | Form 8612 | 28 |
| Form 1066 | 11 | Form 8613 | 29 |
| Form 1120 | 12 | Form 8725 | 30 |
| Form 1120-C | 34 | Form 8804 | 31 |
| Form 1120-F | 15 | Form 8831 | 32 |
| Form 1120-FSC | 16 | Form 8876 | 33 |
| Form 1120-H | 17 | Form 8924 | 35 |
| Form 1120-L | 18 | Form 8928 | 36 |
| Form 1120-ND | 19 | | |

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a** The application is for calendar year **2022**, or tax year beginning _____, and ending _____
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation.)

| | | |
|---|----------|-----------|
| 6 Tentative total tax | 6 | 0. |
| 7 Total payments and credits. See instructions | 7 | 0. |
| 8 Balance due. Subtract line 7 from line 6. See instructions | 8 | 0. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

K-120

Page 1 of 6

2022 CORPORATE INCOME TAX

037

151022

Rev. 7-22

For the taxable year beginning

01012022

ending

12312022

EIN this entity

EIN Federal Consolidated Parent

EATSTREET, INC.**1574 W BROADWAY ST STE 200 #PMB1005
MADISON WI 53713**

A. Method Used to Determine Income of Corporation in Kansas:

1. Activity wholly within Kansas - Single entity

2. Activity wholly within Kansas - Consolidated

X

3. Single entity apportionment method (K-120AS)

4. Combined income method - Single corporation filing (Sch. K-121)

5. Combined income method - Multiple corporation filing (Sch. K-121)

6. Qualified elective two-factor (K-120AS) Year qualified:

7. Common carrier mileage (Enclose mileage apportionment schedule)

8. Alternative or separate accounting (Enclose letter of authorization and sch.)

B. Business Activity Code:

722300

C. Date Business Began in KS:

06012018

D. Date Business Discontinued in KS:

E. State and Month/Day/Year of Incorporation:

WI 01012012

F. State of Commercial Domicile:

WI

G. Type of Federal Return Filed:

X 1. Separate

2. Consolidated

H. Have you submitted Form K-120EL?

I. Enter your original federal due date if other than the 15th day of the 4th month after the end of the tax year.

J. Name or address has changed?

XFiling an amended corporate income return. Reason for amended return:
Note: This form cannot be used for tax years prior to 2022.

Amended affects Kansas only

Adjustment by IRS

Amended Federal return

1. Federal taxable income **-5131799.00**

2. Total state and municipal interest

3. Taxes on or measured by income or fees
or payments in lieu of income taxes (Part
IV, line 2)**32501.00**

4. Federal net operating loss deduction

5. 250 deduction related to Global Intangible
Low-Taxed Income (GILTI)
(I.R.C. § 250(a)(1)(B)) (Sch. req.)6. Business interest expense carryforward
deduction (I.R.C. § 163(j)) (Sch. req.)7. Other additions to federal taxable
income (Sch. req.)8. Total additions to federal taxable income
(Add lines 2 - 7)**32501.00**9. Interest on U. S. government obligations
(Part V, line 2)10. I.R.C. § 78 and 80% of foreign dividends
(Sch. req.)11. Global Intangible Low-Taxed Income
(GILTI) (I.R.C. § 951(A)) (Sch. req.)12. Disallowed business interest deduction
(I.R.C. § 163(j)) (Sch. req.)**2819995.00**13. Contribution to capital exceptions
(I.R.C. § 118) (Sch. req.)14. Disallowed business meal expenses
(I.R.C. § 274) (Sch. req.)**15330.00**15. Other subtractions from federal taxable
income (Sch. req.)16. Total subtractions from federal taxable
income (Add line 9-15)**2835325.00**17. Net income before apportionment (Add
line 1 to line 8 and subtract line 16)**-7934623.00**18. Nonbusiness income - Total company
(Sch. req.)19. Apportionable business income
(Subtract line 18 from line 17)**-7934623.00**20. Average percent to Kansas (Part VI, lines A,
B, C, & E: if 100% enter 100.0000)**5.3536**A **.0042** C. **9.4210**
B **6.6355**21. Amount to Kansas (Multiply line 19 by
line 20)**-424788.00**22. Nonbusiness income - Kansas
(Sch. req.)

23. Kansas Expensing Recapture (Sch. req.)

K-120

Page 2 of 6

2022**CORPORATE INCOME TAX**

037

151122

Rev. 7-22

EATSTREET, INC.*******5093**

24. Kansas Expensing Deduction (Sch. req.)

37. Total of all other refundable credits
(Part I, line 43)25. Kansas net income before NOL
deduction (Add lines 21 - 23, then
subtract line 24)**-424788.00**38. Payments remitted with original return
(See instructions)26. Kansas net operating loss deduction
(Sch. req.)**STMT 1**39. Overpayment from original return
(This figure is a subtraction; see
instructions)27. Combined report (Schedule K-121) or
alternative/separate accounting income
(Sch. req.)40. Total prepaid credits (Add lines 34 - 38
and subtract line 39)28. Kansas taxable income (Subtract line
26 from line 25 or enter line 27, as
applicable)

41. Balance due

0.00

29. Normal tax (4% of line 28)

42. Interest

30. Surtax (3% of line 28 in excess of
\$50,000)

43. Penalty

31. Total tax (Add lines 29 and 30. If filing
combined, use line 30 of K-121.)**0.00**

44. Estimated tax penalty

32. Total nonrefundable credits (Part I, line
36; cannot exceed amount on line 31)

If annualizing to compute penalty, check this field

33. Balance (Subtract line 32 from line 31;
cannot be less than zero)45. Total tax, interest & penalty due (Add
lines 41 - 44) Complete Form K-120V &
enclose it with your payment**0.00**34. Estimated tax paid and amount credited
forward (Part II, line 4)

46. Overpayment

0.0035. Other tax payments (enclose separate
schedule)47. Refund. Enter the amount of line 46
you wish to be refunded

36. Amount paid with Kansas extension

48. Credit Forward. Enter the amount of
line 46 (original return only) you wish
to apply to 2023 estimated tax. (Line 48
cannot exceed the total of lines 34 - 36)**X** I authorize the Director of Taxation or the Director's designee to discuss my K-120 and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.Officer
Signature
(Required)Title **CEO**

Date

Preparer
Signature
(Required)**DANIEL T. O'CONNOR, C**Preparer
Phone Number**608.249.6622**Preparer PTIN, EIN, or SSN
(Required)*********

PART I - NONREFUNDABLE CREDITS

1. Aviation/Aerospace Credit (Enclose Schedule (Enclose Schedule K-26; See instructions)
2. Housing Investor Credit (Enclose Schedule K-27; See instructions)
3. Short Line Railroad Tax Credit (Enclose Schedule K-29; See instructions)
4. Center for Entrepreneurship Credit (Enclose Schedule K-31; See instructions)
5. Agritourism Liability Insurance Credit (Enclose Schedule K-33; See instructions)
6. Business and Job Development Credit - - **for carry forward use only** (Enclose Schedule K-34; See instructions)
7. Historic Preservation Credit (Enclose Schedule K-35; See instructions)
8. Disabled Access Credit (Enclose Schedule K-37; See instructions)
9. Swine Facility Improvement Credit (Enclose Schedule K-38; See instructions)
10. Oil and Gas Well Plugging Credit (Enclose Schedule K-39; See instructions)
11. Assistive Technology Contribution Credit (Enclose Schedule K-42; See instructions)
12. Eisenhower Foundation Contribution Credit (Enclose Schedule K-43; See instructions)
13. Purchases from Qualified Vendor Credit (Enclose Schedule K-44; See instructions)
14. Friends of Cedar Crest Association Contribution Credit (Enclose Schedule K-46; See instructions)
15. Technology Enabled Fiduciary Financial Institutions Credit (Enclose Schedule K-48; See instructions)
16. Research and Development Credit (Enclose Schedule K-53; See instructions)
17. Venture Capital Credit - - **for carryforward use only** (Enclose Schedule K-55; See instructions)
18. Seed Capital Credit - - **for carryforward use only** (Enclose Schedule K-55; See instructions)
19. High Performance Incentive Program Credit (Enclose Schedule K-59; See instructions)
20. Community Service Contribution Credit (Enclose Schedule K-60; See instructions)
21. Alternative-Fuel Tax Credit (Enclose Schedule K-62; See instructions)
22. Targeted Employment Credit(Enclose Schedule (Enclose Schedule K-69; See instructions)
23. Low Income Student Scholarship Credit (Enclose Schedule K-70; See instructions)
24. Law Enforcement Training Center Credit - - **for carry forward use only** (Enclose Schedule K-72; See instructions)
25. Petroleum Refinery Credit - - **for carry forward use only** (Enclose Schedule K-73; See instructions)
26. National Guard and Reserve Employer Credit (Enclose Schedule K-74; See instructions)
27. Single City Port Authority Credit (Enclose Schedule K-76; See instructions)
28. Qualifying Pipeline Credit - - **for carry forward use only** (Enclose Schedule K-77; See instructions)
29. BioMass-to-Energy Credit - - **for carry forward use only** (Enclose Schedule K-79; See instructions)
30. Environmental Compliance Credit (Enclose Schedule K-81; See instructions)
31. Storage and Blending Equipment Credit - - **for carry forward use only** (Enclose Schedule K-82; See instructions)
32. Electric Cogeneration Facility Credit - - **for carry forward use only** (Enclose Schedule K-83; See instructions)
33. Community College and Technical College Contribution Credit (Enclose Schedule K-84; See instructions)
34. Commercial Restoration and Preservation Credit (Enclose Schedule K-92; See instructions)
35. Farm Net Operating Loss (Enclose Schedule K-139F; See instructions)
36. **Total nonrefundable credits (Add lines 1 - 35. Enter total here and on line 32, page 2)**

REFUNDABLE CREDITS

37. Telecommunications Credit (Enclose Schedule K-36; See instructions)
38. Child Day Care Assistance Credit (Enclose Schedule K-56; See instructions)
39. Small Employer Healthcare Credit (Enclose Schedule K-57; See instructions)
40. Community Service Contribution Credit (Enclose Schedule K-60; See instructions)
41. Individual Development Account Credit (Enclose Schedule K-68; See instructions)
42. Farm Net Operating Loss (Enclose Schedule K-139F; See instructions)
43. **Total refundable credits (Add lines 37 - 42. Enter total here and on line 37, page 2)**

K-120

Page 4 of 6

037

151322

PART II**ADDITIONAL INFORMATION**

1. Did the corporation file a Kansas Income Tax return under the same name for the preceding year? X Yes No
If "no", enter previous name and EIN.

2. Enter the address of the corporation's principal location in Kansas.

3. The corporation's books are in care of:

Name: STEVE ANASTASIAddress: 1574 W BROADWAY ST STE 200 #PMB1005
MADISON WI 53713Telephone: 866-654-8777

4. List each estimated tax payment and credit forward amount claimed on this return.

| Date | Amount | Date | Amount |
|------|--------|------|--------|
| | | | |
| | | | |
| | | | |

5. Has your corporation been involved in any reorganization during the period covered by this return? X No Yes
If "yes", enclose a detailed explanation.

6. If this is a final return for Kansas, please state the reason. If the corporation was liquidated or dissolved, state the IRC section under which the corporation was liquidated.

7. If your federal taxable income has been redetermined for any prior year(s) that have not previously been reported to Kansas, check the applicable box(es) below and state the calendar, fiscal, or short period year ending date. You are required to submit, under separate cover, the federal Forms 1139, 1120X, or Revenue Agent's Report along with the Kansas amended return (Form K-120 or K-120X, whichever is applicable).

☐ Revenue Agent's Report☐ Net Operating Loss☐ Amended Return

Years ended: _____

8. If you are registered with the Kansas Department of Revenue under any other Kansas tax act, enter all registration or license numbers on the applicable line:

a. Sales Tax: 036454385093F

b. Compensating

Use Tax: 036454385093Fc. Withholding Tax: 036454385093F02

d. Other (specify): _____

PART III AFFILIATED CORPORATIONS DOING BUSINESS IN KANSAS

(Enclose a separate sheet for additional corporations)

| Name of Corporation | Employer ID Number |
|---------------------|--------------------|
| | |
| | |
| | |
| | |
| | |

PART IV SCHEDULE OF TAXES

(Include those taxes deducted on line 17 of the federal return. See instructions.)

1. Taxes on or measured by income or fees or payments in lieu of income taxes. (Include federal environmental tax; itemize)

STATE AND FOREIGN TAXES DEDUCTED ON FORM 1120, LINE 17 **32,501.00**

| | |
|---|--------------|
| 2. Total (Enter on line 3, page 1) | 32,501.00 |
| 3. Total other taxes | 2,245,325.00 |
| 4. Total taxes (Must equal line 17 of the federal return) | 2,277,826.00 |

PART V SCHEDULE OF INTEREST INCOME

(Include the interest from line 5 of the federal return)

1. U.S. interest income (Describe type):

| | |
|--|-----------|
| 2. Total (Enter on line 9, page 1) | 15,864.00 |
| 3. Total other interest income | 15,864.00 |
| 4. Total interest income (Must equal line 5 of the federal return) | 15,864.00 |

K-120AS
Rev. 7-22

Page 5 of 6

037

151421

KANSAS Corporation Apportionment Schedule
FOR USE BY CORPORATIONS APPORTIONING INCOME
(Corporations using the combined income method must use Schedule K-121)

For the taxable year beginning 01012022 , ending 12312022

Name as shown on Form K-120

Employer Identification Number (EIN)

EATSTREET, INC.

-*5093

PART VI

APPORTIONMENT FORMULA

| A. Property | WITHIN KANSAS | | TOTAL COMPANY | | PERCENT WITHIN KANSAS |
|---|----------------------|----------------|----------------------|----------------|-----------------------------|
| | Beginning of Year | End of Year | Beginning of Year | End of Year | |
| (1) Value of owned real and tangible personal property used in business at original cost: | | | | | |
| Inventory | | | | | |
| Depreciable assets | 0. | 450. | 2,096,217. | 355,657. | |
| Land | | | | | |
| Other tangible assets (Enclose sch) | | | | | |
| Less: Construction in progress | | | | | |
| Total property to be averaged | | 450. | 2,096,217. | 355,657. | |
| Ave owned property (Beg. + End ÷ 2) | | 225. | | 1,225,937. | |
| (2) Net annual rented property. Mult by 8 | | 0. | | 4,130,968. | |
| TOTAL PROPERTY (Enter on line 20A, page 1) | | 225. | | 5,356,905. | A .0042% |

| B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying. After the 10th year, the business must re-qualify.) | WITHIN KANSAS | TOTAL COMPANY | |
|--|---------------|---------------|-----------|
| | | | |
| (1) Compensation of officers | | | |
| (2) Wages, salaries and commissions | 1,546,056. | 23,299,723. | |
| (3) Payroll expense included in cost of goods sold | | | |
| (4) Payroll expense included in repairs | | | |
| (5) Other wages and salaries | | | |
| TOTAL PAYROLL (Enter on line 20B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1) | 1,546,056. | 23,299,723. | B 6.6355% |

| C. Sales (Gross receipts, less returns and allowances) | | | |
|---|------------|-------------|-----------|
| | | | |
| (1) Sales delivered or shipped to purchasers in Kansas: | | | |
| (a) Shipped from outside Kansas | | | |
| (b) Shipped from within Kansas | | | |
| (2) Sales shipped from Kansas to: | | | |
| (a) The United States Government | | | |
| (b) Purchasers in a state where the taxpayer would not be taxable (e.g., under federal Public Law 86-272) | | | |
| (3) Dividends | | | |
| Interest | | | |
| Rents | | | |
| Royalties | | | |
| Gains/losses from intangible asset sales | | | |
| Gross proceeds from tangible asset sales | | | |
| Other income (Enclose schedule) | 2,722,110. | 28,893,995. | STMT 2 |
| TOTAL SALES (Enter on line 20C, page 1) | 2,722,110. | 28,893,995. | C 9.4210% |

| | |
|---|---------------|
| D(1). Total percent (Sum of lines A, B & C if utilizing three-factor formula) | D(1) 16.0607% |
| D(2). Total percent (Sum of lines A & C if qualified and utilizing two-factor formula) | D(2) % |
| E. Average percent of either D(1) or D(2), whichever is applicable (Enter on line 20, page 1) | E 5.3536% |

K-120AS**PART VII**

Page 6 of 6

ADDITIONAL INFORMATION

037

151521

1. Does the Kansas sales figure in Part VI include (1) all sales delivered from Kansas where purchaser is the U.S. Government and (2) all sales delivered from Kansas to states in which this corporation is immune from state income taxation under federal Public Law 86-272 (15 U.S.C. 381)? _____

If not, please explain: _____

b. Has any state determined that this corporation conducts or has conducted a unitary business with any other corporation? ☒ No _____ Yes If yes, specify which state or states and enclose a complete list of the corporations conducting the unitary business.

3. Describe briefly the nature and location(s) of your Kansas business activities. **SALES AND EMPLOYEES IN KANSAS**

4. Are the amounts in the total company column (K-120AS, Part VI) the same as those reported in returns or reports to other states under the Uniform Division of Income for Tax Purposes Act? ☒ Yes _____ No If no, please explain _____

2. If you claim that part of your net income is assignable to business done outside Kansas:
a. Enclose a list of all states in which this corporation is doing business and filing state corporation income or franchise tax returns.

PART VIII**AFFILIATED CORPORATIONS INCLUDED IN FORM K-120AS
CORPORATION APPORTIONMENT SCHEDULE**

| Name of Corporation | Employer Identification Number | Check if included | |
|---------------------|--------------------------------|--------------------------|-----------------------|
| | | In Total Company Factors | Within Kansas Factors |
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PART IX - KANSAS PASS-THROUGH SCHEDULE

The distributions from the entities listed below have been passed-through and are included in your entity.

| Pass-through Entity Name | EIN of Pass-through Entity | Your Entity to which income of Pass-through is included | EIN to which income of Pass-through Entity is included | Principal Product of Services of Pass-through Entity | Kansas Operations (Y / N) |
|--------------------------|----------------------------|---|--|--|---------------------------|
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PART X - KANSAS DISREGARDED ENTITY SCHEDULE

The disregarded entities listed below are included in this return.

| Disregarded Entity Name | EIN of Disregarded Entity | Your Entity to which income of Disregarded Entity is included | EIN to which income of Disregarded Entity is included | Principal Product of Services of Disregarded Entity | Kansas Operations (Y / N) |
|-------------------------|---------------------------|---|---|---|---------------------------|
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| NET OPERATING LOSS DEDUCTION | | | | STATEMENT 1 |
|---|----------------|-------------------------|----------------|--------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | LOSS ALLOWED |
| 12/31/18 | 60,045.00 | 60,045. | 0.00 | 0. |
| 12/31/19 | 262,901.00 | 197,402. | 65,499.00 | 0. |
| TOTAL KANSAS NOL TO FORM K-120, LINE 26 | | | | 0. |

| KS K-120AS | | OTHER INCOME | | STATEMENT 2 | |
|-----------------------------|--|--------------|--|---------------|---------------|
| | | | | WITHIN KANSAS | TOTAL COMPANY |
| OTHER RECEIPTS | | | | 2,722,110 | 28,893,995 |
| SERVICE INCOME | | | | 0 | 0 |
| TOTALS TO K-120AS | | | | 2,722,110 | 28,893,995 |

TAX RETURN FILING INSTRUCTIONS

KENTUCKY FORM 720

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|-----|
| Total tax | \$ | 175 |
| Less: payments and credits | \$ | 350 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| Overpayment | \$ | 175 |

Overpayment:

| | | |
|------------------------------|----|-----|
| Credit to your estimated tax | \$ | 175 |
| Other amount | \$ | 0 |
| Refunded to you | \$ | 0 |

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the KY DOR, please sign, date and return Form 8879(C)-K to our office. We will then submit the return to the KY DOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Return Form 8879(C)-K to us by November 15, 2023.

Special Instructions:

Payment of tax must be made electronically via the Kentucky State Treasurer website at:

www.revenue.ky.gov

FORM 8879(C)-K
Commonwealth of Kentucky
Department of Revenue

**Kentucky Corporation or Pass-through Entity Tax Return
Declaration For Electronic Filing**

2022**RETAIN FOR YOUR RECORDS DO NOT MAIL THIS FORM**► **See instructions.****Submission ID#**

| | | |
|---|-------------------------------|--|
| Name of Entity | Federal Identification Number | Kentucky Corporation/LLET Account Number |
| EATSTREET, INC. | ** - ***5093 | 9 0 1 3 0 7 |
| Address (Number, Street, and Room or Suite No.) | City, State, and ZIP Code | |
| 1574 W BROADWAY ST STE 200 #PMB1005 | MADISON, WI 53713 | |

PART I - Check the box for the tax return being electronically filed: ☒ 720 ☐ 720U ☐ PTE ☐ 725 ☐ 740NP-WH

Section A - Tax return information for form 720

| | | LLET | | Corporate Income | |
|-------------------------------|--|-------------|--------|-------------------------|----|
| 1 Kentucky taxable net income | Part I, line 43 | 1 | \$0 00 | | 00 |
| 2 Total tax due | Part II, line 17 and Part III, line 15 | 2 | | 00 | 00 |
| 3 Interest | Total Interest, if applicable | 3 | | 00 | 00 |
| 4 Penalty | Total Penalty, if applicable | 4 | | 00 | 00 |
| 5 Subtotal | Add lines 2 through 4 | 5 | | 00 | 00 |
| 6 Total Payment Due | Total Payment | 6 | | 00 | |

Section B - Tax return information for form 720U

| | | LLET | | Corporate Income | |
|-------------------------------|--|-------------|--------|-------------------------|----|
| 1 Kentucky taxable net income | Schedule U5, Section D, line 7 | 1 | \$0 00 | | 00 |
| 2 Total tax due | Page 1, Part I, line 1 and Part II, line 1 | 2 | | 00 | 00 |
| 3 Interest | Page 1, Part I, line 2 and Part II, line 2 | 3 | | 00 | 00 |
| 4 Penalty | Page 1, Part I, line 3 and Part II, line 3 | 4 | | 00 | 00 |
| 5 Subtotal | Add lines 2 through 4 | 5 | | 00 | 00 |
| 6 Total Payment Due | Total Payment | 6 | | 00 | |

Section C - Tax return information for form PTE

| | | LLET | | Income | |
|-----------------------------------|---|-------------|--------|---------------|----|
| 1 Federal ordinary income (loss) | Part I, line 1 (General Partnerships Only) | 1 | \$0 00 | | 00 |
| 2 Kentucky ordinary income (loss) | Part I, line 21 | 2 | \$0 00 | | 00 |
| 3 Total tax due | Part II, line 16 and Part III, line 11 | 3 | | 00 | 00 |
| 4 Interest | Total Interest, if applicable | 4 | | 00 | 00 |
| 5 Penalty | Total Penalty, if applicable | 5 | | 00 | 00 |
| 6 Subtotal | Add lines 3 through 5 | 6 | | 00 | 00 |
| 7 Total Payment Due | Total Payment | 7 | | 00 | |

Section D - Tax return information for form 725

| | | LLET | | Income | |
|----------------------------------|-------------------------------|-------------|--------|---------------|----|
| 1 Total net distributable income | 725, Part I, line 11 | 1 | \$0 00 | | 00 |
| 2 Total tax due | 725, Part II, line 15 | 2 | | 00 | 00 |
| 3 Interest | Total Interest, if applicable | 3 | | 00 | 00 |
| 4 Penalty | Total Penalty, if applicable | 4 | | 00 | 00 |
| 5 Subtotal | Add lines 2 through 4 | 5 | | 00 | 00 |
| 6 Total Payment Due | Total Payment | 6 | | 00 | |

Section E - Tax return information for form 740NP-WH

| | | Income | |
|--------------------------------------|--------------------------------------|---------------|----|
| 1 Kentucky distributive share income | Page 1, Line 5 | 1 | 00 |
| 2 Total tax due | Page 2, Line 16 | 2 | 00 |
| 3 Interest | Total Interest, if applicable | 3 | 00 |
| 4 Penalty | Total Penalty, if applicable | 4 | 00 |
| 5 Total Payment Due | Total Payment, add lines 2 through 4 | 5 | 00 |

FORM 8879(C)-K
(2022)

Page 2 of 2

PART II - Direct Debit of Tax Amount Due (See Instructions)

Not applicable for general partnerships

- 1 Routing transit number (RTN) _____ **The first two numbers of the RTN must be 01 through 12 or 21 through 32.**
- 2 Depositor account number (DAN) _____
- 3 Type of account: ☐ Savings ☐ Checking
- 4 Debit amount _____
- 5 In order to comply with electronic banking regulations, please answer the following question.

(a) Direct Debit - Will these funds come from an account located outside of the United States? Yes ☐ No ☐

PART III - Declaration of Authorized Representative of Entity (Sign only after Parts I and II are completed.)

☐ I authorize the Kentucky Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated in Part II for payment of the state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If this is a balance due return, I understand that if the Department of Revenue does not receive the full and timely payment of the tax liability, the entity will remain liable for the tax liability and all applicable interest and penalties.

I, the undersigned, declare under the penalties of perjury, that I am an officer of the corporation, partner or member of the limited liability pass-through entity, or partner of the general partnership and that I have examined a copy of the corporation's, limited liability pass-through entity's, or general partnership's electronic tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I are the amounts shown on the copy of the Form 720, 720U, PTE, 725, and 740NP-WH electronic tax return.

Signature of Authorized Representative _____ Date _____

Type or Print the Name and Title
of the Authorized Representative Signing this Document STEVE ANASTASI CEO

PART IV - Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

I, the undersigned, declare that I have reviewed the tax return and that the entries on Part I are true, correct, and complete. If I am only the ERO, I am not responsible for reviewing the tax return and only declare that this tax return accurately reflects the data on the tax return. The corporate officer of the corporation, partner or member of the limited liability pass-through entity, or partner of the general partnership will have signed this form before I submit the tax return. I will give the corporate officer of the corporation, partner or member of the limited liability pass-through entity, or partner of the general partnership all forms, including accompanying schedules and statements, filed with the Kentucky Department of Revenue. If I am also the paid preparer, I declare under the penalties of perjury that I have examined this tax return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Check ☒ if also a paid preparer.

ERO's signature DANIEL T. O'CONNOR, CPA Date 11/09/23 I.D. Number of ERO P00543528

Firm's name (or your
name if self-employed) BAKER TILLY US, LLP FEIN ** - ***9910
PO BOX 7398
Address MADISON, WI ZIP Code 53707-7398

I, the undersigned, declare under the penalties of perjury that I have examined this tax return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Preparer's signature _____ Date 11/09/23 I.D. Number of Preparer _____

Firm's name (or your
name if self-employed) _____ FEIN _____

Address _____ ZIP Code _____

FORM **720EXT**
Commonwealth of Kentucky
Department of Revenue

Corporation/LLET Extension

2022

**FOR YOUR RECORDS
DO NOT FILE**

**FOR YOUR RECORDS
DO NOT FILE**

264621 10-05-22

★ Please cut on the dotted line. ★

720EXT

EXTENSION OF TIME TO FILE KENTUCKY CORPORATION / LLET RETURN

2022

KY Corporation / LLET Account No.

Taxable Year Ending (MMYY)

9 0 1 3 0 7

1 2 2 2

²⁴
TRAN CODE

Entity Name

Federal Identification Number

EATSTREET, INC.

*******5093**

44 E. MIFFLIN ST, STE 400

WI 01/12

Dollars Cents

MADISON, WI 53703

**Corporation
Income Tax 214.00**

STEVE ANASTASI

612-598-7469

**Limited Liability
Entity Tax 0.00**

Total 214.00

Form Type: ☒ 720 ☐ 725 ☐ 720U ☐ PTE - S Corporation
☐ PTE - General Partnership ☐ PTE - Partnership

41A720SL0002

04/17/23

Signature of Principle Officer or Chief Accounting Officer OR
Preparer Other than Taxpayer **1019**

Date

**KY Department of Revenue
Frankfort, KY 40620-0021**


KENTUCKY CORPORATION
INCOME TAX AND LLET RETURN
2022For calendar year 2022 or tax years beginning (MM-DD-YY) 1/1/22, and ending (MM-DD-YY) 12/31/22.

| | | | | |
|--|---|---|--|--|
| A LLET Exemption Code <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> | D FEIN <div style="text-align: center;">**-***5093</div> | | E Kentucky Corporation/LLET Account Number (Required) <div style="text-align: center;">901307</div> | |
| | Name of Corporation EATSTREET, INC. | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Change of Name </div> <div>Telephone Number 866-654-8777</div> </div> | |
| B Income Tax Exemption Code <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> | Number and Street 1574 W BROADWAY ST STE 200 #PMB1005 | | State of Incorporation WI | |
| | City MADISON | State WI | ZIP Code 53713 | Date of Incorporation 01/01/2012 |
| <input type="checkbox"/> Elective Consolidated Attach Form 722 | F Name of Common Parent Kentucky Corporation/LLET Account Number (if different than item E) | | Principal Business Activity in KY INTERNET SALES | |
| | G Check applicable boxes | | NAICS Code Number in KY <div style="text-align: center;">722300</div> | |
| C 3-Factor Apportionment Code <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> | <input type="checkbox"/> Amended return (Complete Part V) | <input type="checkbox"/> Amended return - RAR (Complete Part V) | | |
| | <input type="checkbox"/> Initial return | <input type="checkbox"/> Short-period return (Complete Part IV) | | |
| | <input type="checkbox"/> Change of accounting period | <input type="checkbox"/> Final return (Complete Part IV) | | |
| | | | | |

PART I - TAXABLE INCOME COMPUTATION

| | | | | |
|----------------------|--|------|------------|----|
| 1 | Federal taxable income (Form 1120, line 28) | ► 1 | -5,131,799 | 00 |
| ADDITIONS: ** | | | | |
| 2 | Interest income (state and local obligations) | ► 2 | | 00 |
| 3 | State taxes based on net/gross income ** STMT 1 | ► 3 | 32,501 | 00 |
| 4 | Depreciation adjustment | ► 4 | 141,471 | 00 |
| 5 | Deductions attributable to nontaxable income (see lines 22 and 23) | ► 5 | | 00 |
| 6 | Related party expenses (attach Schedule RPC) | ► 6 | | 00 |
| 7 | Dividend paid deduction (Captive REIT) | ► 7 | | 00 |
| 8 | Revenue Agent Report (RAR) | ► 8 | | 00 |
| 9 | Kentucky capital gain from Kentucky Schedule D, line 18 | ► 9 | | 00 |
| 10 | Loss from Form 4797 found on federal Form 1120, line 9 | ► 10 | | 00 |
| 11 | Gain from Kentucky Form 4797, Part II, line 17 | ► 11 | | 00 |
| 12 | Federal allowable depletion from Form 1120, line 21 | ► 12 | | 00 |

| OFFICIAL USE ONLY | |
|--|--|
| P W 2 0 4 | V A L # |

FORM 720 (2022)



2 2 0 2 0 1 1 0 1 9

Page 2 of 9

PART I - TAXABLE INCOME COMPUTATION - continued**ADDITIONS - continued**

| | | | | |
|----|---|------|------------|----|
| 13 | Federal contribution deductions from Form 1120, line 19 | ▶ 13 | | 00 |
| 14 | Terminal Railroad Corporation adjustments | ▶ 14 | | 00 |
| 15 | Federal allowable passive activity loss | ▶ 15 | | 00 |
| 16 | Federal taxable loss of all exempt corporations | ▶ 16 | | 00 |
| 17 | Reserved for future use. | ▶ 17 | | |
| 18 | Enter additions to federal taxable income from Kentucky Schedule(s) K-1 | ▶ 18 | | 00 |
| 19 | Internal Revenue Code adjustments (see instructions) | ▶ 19 | | 00 |
| 20 | Other additions (attach explanation) | ▶ 20 | | 00 |
| 21 | Total (add lines 1 through 20) | ▶ 21 | -4,957,827 | 00 |

SUBTRACTIONS

| | | | | |
|----|--|------|---------|----|
| 22 | Interest income (U.S. obligations) | ▶ 22 | | 00 |
| 23 | Dividend income | ▶ 23 | | 00 |
| 24 | Reserved for future use | ▶ 24 | | |
| 25 | Depreciation adjustment | ▶ 25 | 137,772 | 00 |
| 26 | Revenue Agent Report (RAR) | ▶ 26 | | 00 |
| 27 | Capital gain from Form 1120, line 8 | ▶ 27 | | 00 |
| 28 | Gain from Form 4797 found on federal Form 1120, line 9 | ▶ 28 | | 00 |
| 29 | Loss from Kentucky Form 4797, Part II, line 17 | ▶ 29 | | 00 |
| 30 | 50% of the gross royalty income derived from any disposal of coal with a retained economic interest defined by IRC §631(c) and all IRC §272 expenses if the corporation elects not to use percentage depletion | ▶ 30 | | 00 |

253302 10-05-22

FORM 720 (2022)



Page 3 of 9

PART I- TAXABLE INCOME COMPUTATION - continued**SUBTRACTIONS - continued**

| | | | | |
|----|--|------|------------|----|
| 31 | Terminal Railroad Corporation adjustments | ▶ 31 | | 00 |
| 32 | Kentucky allowable passive activity loss | ▶ 32 | | 00 |
| 33 | Kentucky allowable depletion | ▶ 33 | | 00 |
| 34 | Kentucky contribution deductions | ▶ 34 | | 00 |
| 35 | Reserved for future use. | ▶ 35 | | |
| 36 | Federal taxable income of all exempt corporations | ▶ 36 | | 00 |
| 37 | Enter subtractions from federal taxable income from Kentucky Schedule(s) K-1 | ▶ 37 | | 00 |
| 38 | Internal Revenue Code adjustments (see instructions) | ▶ 38 | | 00 |
| 39 | Other subtractions (attach explanation) STATEMENT 2 | ▶ 39 | 2,777,048 | 00 |
| 40 | Net income (line 21 less lines 22 through 39) | ▶ 40 | -7,872,647 | 00 |
| 41 | Taxable net income (see instructions) | ▶ 41 | -9,400 | 00 |
| 42 | Net operating loss deduction (NOLD) | ▶ 42 | | 00 |
| 43 | Taxable net income after NOLD (line 41 less line 42) | ▶ 43 | 0 | 00 |

FORM 720 (2022)



Page 4 of 9

PART II - LLET COMPUTATION

| | | | | |
|----|---|---------------------|-----|----|
| 1 | Schedule L, Section E, line 1 (Page 9) | ▶ 1 | 175 | 00 |
| 2 | Tax credit recapture | ▶ 2 | | 00 |
| 3 | Total (add lines 1 and 2) | ▶ 3 | 175 | 00 |
| 4 | Nonrefundable LLET credit from Kentucky Schedule(s) K-1 | ▶ 4 | | 00 |
| 5 | Nonrefundable tax credits (attach Schedule TCS) | ▶ 5 | | 00 |
| 6 | LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum) | ▶ 6 | 175 | 00 |
| 7 | Reserved for future use | ▶ 7 | | |
| 8 | Estimated tax payments | ▶ 8 | | 00 |
| 9 | Refundable tax credits (attach Schedule TCS) | ▶ 9 | | 00 |
| 10 | Reserved for future use | ▶ 10 | | |
| 11 | Extension payment | ▶ 11 | 214 | 00 |
| 12 | Prior year's tax credit | ▶ 12 | | 00 |
| 13 | Income tax overpayment from Part III, line 17 | ▶ 13 | | 00 |
| 14 | LLET paid on original return | ▶ 14 | | 00 |
| 15 | LLET overpayment on original return | ▶ 15 | | 00 |
| 16 | Estimated Tax Penalty (attach Form 2220-K) | ▶ 16 | | 00 |
| 17 | LLET and Estimated Tax Penalty Due (lines 6, 15, and 16 less lines 7 through 14) | TAX DUE ▶ 17 | | 00 |
| 18 | LLET overpayment (lines 7 through 14 less lines 6, 15, and 16) | ▶ 18 | 39 | 00 |
| 19 | Credited to 2022 income tax | ▶ 19 | | 00 |
| 20 | Credited to 2022 interest | ▶ 20 | | |
| 21 | Credited to 2022 penalty | ▶ 21 | | |
| 22 | Credited to 2023 LLET | ▶ 22 | 39 | 00 |
| 23 | Amount to be refunded (line 18 less lines 19 through 22) | REFUND ▶ 23 | | |

FORM 720 (2022)



Page 5 of 9

PART III - INCOME TAX COMPUTATION

| | | | | |
|----|--|---------------------|-----|----|
| 1 | Income tax (see instructions) | ▶ 1 | 0 | 00 |
| 2 | Tax credit recapture | ▶ 2 | | 00 |
| 3 | Tax installment on LIFO recapture (see instructions) | ▶ 3 | | 00 |
| 4 | Total (add lines 1 through 3) | ▶ 4 | | 00 |
| 5 | Nonrefundable LLET credit from the Corporation LLET Credit Worksheet(s) (see instructions) | ▶ 5 | | 00 |
| 6 | Nonrefundable LLET credit (Part II, line 6 less \$175) | ▶ 6 | | 00 |
| 7 | Nonrefundable tax credits (attach Schedule TCS) | ▶ 7 | | 00 |
| 8 | Net income tax liability (line 4 less lines 5 through 7, but not less than zero) | ▶ 8 | | 00 |
| 9 | Estimated tax payments | ▶ 9 | | 00 |
| 10 | Extension payment | ▶ 10 | 0 | 00 |
| 11 | Prior year's tax credit | ▶ 11 | 136 | 00 |
| 12 | LLET overpayment from Part II, line 19 | ▶ 12 | | 00 |
| 13 | Corporation income tax paid on original return | ▶ 13 | | 00 |
| 14 | Corporation income tax overpayment on original return | ▶ 14 | | 00 |
| 15 | Income tax due (lines 8 and 14 less lines 9 through 13) | TAX DUE ▶ 15 | | 00 |
| 16 | Income tax overpayment (lines 9 through 13 less lines 8 and 14) | ▶ 16 | 136 | 00 |
| 17 | Credited to 2022 LLET | ▶ 17 | | 00 |
| 18 | Credited to 2022 interest | ▶ 18 | | |
| 19 | Credited to 2022 penalty | ▶ 19 | | |
| 20 | Credited to 2023 corporation income tax | ▶ 20 | 136 | 00 |
| 21 | Amount to be refunded (line 16 less lines 17 through 20) | REFUND ▶ 21 | | |

FORM 720 (2022)



Page 6 of 9

PART IV - EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

| | | | |
|--------------------------|--------------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Ceased operations in Kentucky | <input type="checkbox"/> | Change in filing status |
| <input type="checkbox"/> | Change of ownership | <input type="checkbox"/> | Merger |
| <input type="checkbox"/> | Successor to previous business | <input type="checkbox"/> | Other _____ |

PART V - EXPLANATION OF AMENDED RETURN CHANGES**OFFICER INFORMATION**

Attach a schedule listing the name, home address, and Social Security number of the officer.
Has the attached officer information changed from the last return filed? ☐ Yes ☒ No

Security number of the vice president, secretary, and treasurer.

President's Name **STEVE ANASTASI**
 President's Social Security Number *****-**-9640**
 Date Became President **01012021**

President's Home Address
131 W. WILSON ST, STE 400
MADISON, WI 53703

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | |
|--------------------------|---|--|
| Sign Here | Signature of Officer | Date |
| | Name of Officer (Please print) STEVE ANASTASI | Title CEO |
| Paid Preparer Use | Signature of Preparer DANIEL T. O'CONNOR, CPA | Date 11/09/2023 |
| | Name of Preparer or Firm (Please print) BAKER TILLY US, LLP | ID Number ** - ***9910 |
| | Email and/or Telephone No. 608.249.6622 | May the DOR discuss this return with this preparer? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

| | | | |
|----------------|--|-----------------------------|---|
| Enclose | Include federal Form 1120 with all supporting schedules and statements. | Refund or No Payment | Kentucky Department of Revenue Frankfort, KY 40618-0010 |
| | Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov | With Payment | Kentucky Department of Revenue Frankfort, KY 40620-0021 |

FORM 720 (2022)



Page 7 of 9

SCHEDULE Q - QUESTIONNAIRE

IMPORTANT: Questions 1 and 2 must be answered if this is the corporation's initial return or if a return was not filed under the same name and same federal I.D. number for the preceding year. **Failure to do so may result in a request for a delinquent return.**

Indicate whether:

- 1 (a) ☐ new business,
 (b) ☐ successor to previously existing business which was

organized as:

- (1) ☐ corporation
 (2) ☐ partnership
 (3) ☐ sole proprietorship
 (4) ☐ other _____

If successor to previously existing business, give name, address, and federal I.D. number of the previous business organization.

| |
|---------|
| Name |
| FEIN |
| Address |
| |

- 2 If a foreign corporation, enter the date qualified to do business in Kentucky.

Questions 3-10 must be completed by all corporations.

- 3 The corporation's books are in care of:

| |
|------------------------------------|
| Name |
| STEVE ANASTASI |
| |
| Address |
| 1574 W BROADWAY ST STE 200 #PMB100 |
| MADISON, WI 53713 |

- 4 Are disregarded entities included in this return?

☐ Yes ☒ No

If yes, attach **Schedule DE**.

- 5 Was the corporation a partner or member in a pass-through entity doing business in Kentucky?

☐ Yes ☒ No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies).

| |
|------|
| Name |
| A |
| FEIN |
| |
| Name |
| B |
| FEIN |

- 6 Was the corporation doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? ☐ Yes ☒ No

- 7 Did the corporation at any time during the taxable year own more than 50 percent (50%) of the voting stock of another corporation that is part of a unitary business per KRS 141.202(2)(f)?

☐ Yes ☒ No

If yes, list name and federal I.D. number of the entity.

| |
|------|
| Name |
| |
| FEIN |

- 8 Was more than 50 percent (50%) of the corporation's voting stock owned by any corporation that is part of a unitary business per KRS 141.202(2)(f)? ☐ Yes ☒ No

If yes, list name and federal I.D. number of each entity.

If more than 3 companies, attach a supporting statement.

| |
|------|
| Name |
| A |
| FEIN |
| |
| Name |
| B |
| FEIN |
| |
| Name |
| C |
| FEIN |

- 9 The federal tax return attached to this Kentucky tax return is:

☐ a pro forma federal tax return

☒ a copy of the federal tax return filed with the Internal Revenue Service

- 10 Was this return prepared on:

(a) ☐ cash basis

(b) ☒ accrual basis

(c) ☐ other _____

**SCHEDULE L - LIMITED LIABILITY ENTITY TAX COMPUTATION**

☐ Check the box and complete Schedule L-C, Limited Liability Entity Tax-Continuation Sheet, if the corporation filing this tax return is a partner or member of a limited liability pass-through entity or general partnership doing business in Kentucky. Enter the total amounts from Schedule L-C in Section A of this schedule.

SECTION A - Computation of Kentucky Gross Receipts and Gross Profits

| | | | |
|--|---------|--------|----|
| 1 (a) Gross receipts less returns and allowances | ▶ 1 (a) | 32,511 | 00 |
| (b) Kentucky statutory gross receipts reductions | ▶ (b) | | |
| 2 Adjusted gross receipts (line 1(a) less line 1(b)) | ▶ 2 | 32,511 | 00 |
| 3 (a) Cost of goods sold (attach Schedule COGS) | ▶ 3 (a) | 725 | 00 |
| (b) Kentucky statutory cost of goods sold reductions | ▶ (b) | | |
| 4 Adjusted cost of goods sold (line 3(a) less line 3(b)) | ▶ 4 | 725 | 00 |
| 5 Gross profits (line 2 less line 4) | ▶ 5 | 31,786 | 00 |

SECTION B - Computation of TOTAL Gross Receipts and Gross Profits

| | | | |
|--|-----|------------|----|
| 1 Adjusted gross receipts | ▶ 1 | 27,236,775 | 00 |
| 2 Cost of goods sold (attach Schedule COGS) | ▶ 2 | 607,145 | 00 |
| 3 Gross profits (line 1 less line 2) | ▶ 3 | 26,629,630 | 00 |

STOP

If Section B, Line 1 or 3 is \$3,000,000 or less, SKIP Sections C and D and enter \$175 in Section E, Line 1 and then enter \$175 on page 4, Part II, Line 1. Otherwise, continue to Section C on the next page.

FORM 720 (2022)



Page 9 of 9

SCHEDULE L -LIMITED LIABILITY ENTITY TAX COMPUTATION - continued**SECTION C - Computation of Gross Receipts LLET**

- 1 If gross receipts from all sources (Section B, line 1) are greater than \$3,000,000, but less than \$6,000,000, enter the following:

$$(\text{Section A, line 2} \times 0.00095) - \left[\frac{\$2,850 \times (\$6,000,000 - \text{Section A, line 2})}{\$3,000,000} \right]$$

but in no case shall the result be less than zero.

▶ 1

| | |
|---|----|
| 0 | 00 |
|---|----|

- 2 If gross receipts from all sources (Section B, line 1) are \$6,000,000 or greater, enter the following: Section A, line 2 x 0.00095.

▶ 2

| | |
|----|----|
| 31 | 00 |
|----|----|

- 3 Enter the amount from line 1 or line 2.

▶ 3

| | |
|----|----|
| 31 | 00 |
|----|----|

SECTION D - Computation of Gross Profits LLET

- 1 If gross profits from all sources (Section B, line 3) are greater than \$3,000,000, but less than \$6,000,000, enter the following:

$$(\text{Section A, line 5} \times 0.0075) - \left[\frac{\$22,500 \times (\$6,000,000 - \text{Section A, line 5})}{\$3,000,000} \right]$$

but in no case shall the result be less than zero.

▶ 1

| | |
|---|----|
| 0 | 00 |
|---|----|

- 2 If gross profits from all sources (Section B, line 3) are \$6,000,000 or greater, enter the following: Section A, line 5 x 0.0075.

▶ 2

| | |
|-----|----|
| 238 | 00 |
|-----|----|

- 3 Enter the amount from line 1 or line 2.

▶ 3

| | |
|-----|----|
| 238 | 00 |
|-----|----|

SECTION E - Computation of LLET

- 1 Enter the lesser of Section C, line 3 or Section D, line 3 here and on Page 4, Part II, line 1. If less than \$175, enter the minimum of \$175 here and on Page 4, Part II, line 1.

▶ 1

| | |
|-----|----|
| 175 | 00 |
|-----|----|



LIMITED LIABILITY ENTITY TAX
COST OF GOODS SOLD

2022

► See instructions.

► Attach to Form 720, 720U, PTE, or 725.

| | | | | | | |
|-----------------|--|--|-----|--|---------|----|
| Name of Entity | | Federal Identification Number | | Kentucky Corporation/LLET Account Number | | |
| EATSTREET, INC. | | **-***5093 | | 901307 | | |
| | | Limited Liability Entity Tax | | | | |
| | | Column A Kentucky Cost of Goods Sold | | Column B Total Cost of Goods Sold | | |
| 1 | Inventory at beginning of year | 1 | 72 | 00 | 60,427 | 00 |
| 2 | Purchases | 2 | 653 | 00 | 546,718 | 00 |
| 3 | Cost of labor | 3 | | 00 | | 00 |
| 4 | Additional section 263A costs | 4 | | 00 | | 00 |
| 5 | Other costs | 5 | | 00 | | 00 |
| 6 | Total (add lines 1 through 5) | 6 | 725 | 00 | 607,145 | 00 |
| 7 | Inventory at end of year | 7 | | 00 | | 00 |
| 8 | Cost of goods sold (subtract line 7 from line 6) | 8 | 725 | 00 | 607,145 | 00 |
| 9 | Detail of purchases on line 2: | 9 | | | | |
| (a) | | (a) | | 00 | | 00 |
| (b) | | (b) | | 00 | | 00 |
| (c) | | (c) | | 00 | | 00 |
| (d) | | (d) | | 00 | | 00 |
| (e) | | (e) | | 00 | | 00 |
| (f) | | (f) | | 00 | | 00 |
| (g) | | (g) | | 00 | | 00 |
| (h) | | (h) | | 00 | | 00 |
| (i) | | (i) | | 00 | | 00 |
| (j) | | (j) | | 00 | | 00 |
| (k) | | (k) | | 00 | | 00 |
| 10 | Detail of additional section 263A costs on line 4: | 10 | | | | |
| (a) | | (a) | | 00 | | 00 |
| (b) | | (b) | | 00 | | 00 |
| (c) | | (c) | | 00 | | 00 |
| (d) | | (d) | | 00 | | 00 |
| (e) | | (e) | | 00 | | 00 |
| (f) | | (f) | | 00 | | 00 |
| (g) | | (g) | | 00 | | 00 |
| (h) | | (h) | | 00 | | 00 |
| (i) | | (i) | | 00 | | 00 |
| (j) | | (j) | | 00 | | 00 |
| (k) | | (k) | | 00 | | 00 |
| 11 | Detail of other costs on line 5: | 11 | | | | |
| (a) | | (a) | | 00 | | 00 |
| (b) | | (b) | | 00 | | 00 |
| (c) | | (c) | | 00 | | 00 |
| (d) | | (d) | | 00 | | 00 |
| (e) | | (e) | | 00 | | 00 |
| (f) | | (f) | | 00 | | 00 |
| (g) | | (g) | | 00 | | 00 |
| (h) | | (h) | | 00 | | 00 |
| (i) | | (i) | | 00 | | 00 |
| (j) | | (j) | | 00 | | 00 |
| (k) | | (k) | | 00 | | 00 |

| KY FORM 720 | STATE TAXES BASED ON INCOME | STATEMENT 1 |
|---------------------------------------|-----------------------------|-------------|
| DESCRIPTION | | AMOUNT |
| COLORADO TAXES - BASED ON INCOME | | 701. |
| CONNECTICUT TAXES - BASED ON INCOME | | 1,500. |
| IOWA TAXES - BASED ON INCOME | | 19,000. |
| MASSACHUSETTS TAXES - BASED ON INCOME | | 4,000. |
| PENNSYLVANIA TAXES - BASED ON INCOME | | 6,500. |
| VIRGINIA TAXES - BASED ON INCOME | | 800. |
| TOTAL TO FORM 720, PAGE 1, LINE 3 | | 32,501. |

| KY 720 | OTHER SUBTRACTIONS FROM FEDERAL TAXABLE INCOME | STATEMENT 2 |
|-------------------------------------|--|-------------|
| DESCRIPTION | | AMOUNT |
| SECTION 174 R&D COSTS | | 2,708,894. |
| BASIS DIFFERENCE ON DISPOSED ASSETS | | 68,154. |
| TOTAL TO 720 PAGE 3, LINE 39 | | 2,777,048. |



► **Attach to Form 720, 720U (for entities using 3 - Factor Apportionment), PTE, or 725.**

| Name of Corporation or Pass-through Entity | Federal Identification Number | Kentucky Corporation/LLET Account Number |
|--|-------------------------------|--|
| EATSTREET, INC. | ** - ***5093 | 901307 |

- ☐ Check the box and complete page 4, Apportionment and Allocation - Continuation Sheet: (i) if the corporation filing this tax return is a partner or member of a limited liability pass-through entity or general partnership doing business in Kentucky; or (ii) if the pass-through entity filing this tax return is a partner or member of a pass-through entity doing business in Kentucky; or (iii) if the corporation is filing an elective consolidated tax return per KRS 141.201.
- ☐ Check the box: (i) if the Department has granted written approval to use an alternative allocation and apportionment method per KRS 141.120 (12)(a), attach a copy of the approval letter to the tax return; or (ii) if the company has made an irrevocable five year election to use an allocation and apportionment method per KRS 141.121(4)(a), attach a copy of the election to the tax return.
- ☐ Check the box: (i) if the taxpayer departed from or modified the basis for excluding or including gross receipts in the receipts factor used in returns for prior years per 103 KAR 16:270, disclose the nature and extent of the modification; or (ii) if the returns or reports filed by the taxpayer with all states to which the taxpayer reports are not uniform in the inclusion or exclusion of gross receipts per 103 KAR 16:270, disclose the nature and extent of the variance.

PART I - COMPUTATION OF APPORTIONMENT FRACTION

Factor Computation

Percentages should be carried to four decimal places.

| | | | |
|---|------|------------|----|
| 1 Kentucky receipts | ► 1 | 33,016 | 00 |
| 2 Total receipts | ► 2 | 27,659,510 | 00 |
| 3 Receipts factor (line 1 divided by line 2) | ► 3 | .1194 | % |
| 4 Double-weighted receipts factor (line 3 multiplied by 2) | ► 4 | .2388 | % |
| 5 Average value of Kentucky real/tangible property (Part III) | ► 5 | 0 | 00 |
| 6 Average value of total real/tangible property (Part IV) | ► 6 | 5,356,905 | 00 |
| 7 Property factor (line 5 divided by line 6) | ► 7 | .0000 | % |
| 8 Kentucky payrolls | ► 8 | 0 | 00 |
| 9 Total payrolls | ► 9 | 23,299,723 | 00 |
| 10 Payroll factor (line 8 divided by line 9) | ► 10 | .0000 | % |

Three-Factor Computation only required for Entities under KRS 141.121

| | | | |
|---|------|-------|---|
| 11 Total (add lines 4, 7, and 10) | ► 11 | .2388 | % |
| 12 Apportionment fraction - line 11 divided by 4 or number of factors present (receipts representing 2 factors) | ► 12 | .0597 | % |

PART II - APPORTIONMENT AND ALLOCATION OF INCOME (FORM 720 ONLY)

1 Net income (from Form 720, Part I, line 40)

▶ 1

-7,872,647 00

2 Deduct non-apportionable income (if applicable):

(a) Interest

▶ 2(a)

00

(b) Rents

▶ (b)

00

(c) Royalties

▶ (c)

00

(d) Net gain or (loss) on sale or
exchange of capital assets

▶ (d)

00

(e) Total (lines (a) through (d))

▶ (e)

00

(f) **Related expenses**
(attach schedule)

▶ (f)

00

3 Net non-apportionable income (line 2(e) less line 2(f))

▶ 3

00

4 Apportionable income (line 1 less line 3)

▶ 4

-7,872,647 00

5 Apportionable income apportioned to Kentucky (line 4
multiplied by Part I, line 3) (Entities under KRS 141.121,
see instructions)

▶ 5

-9,400 00

6 Add Kentucky non-apportionable income (if applicable):

(a) Interest

▶ 6(a)

00

(b) Rents

▶ (b)

00

(c) Royalties

▶ (c)

00

(d) Net gain or (loss) on sale or
exchange of capital assets

▶ (d)

00

(e) Total (lines (a) through (d))

▶ (e)

00

(f) **Kentucky related expenses**
(attach schedule)

▶ (f)

00

7 Kentucky net non-apportionable income (line 6(e) less
line 6(f))

▶ 7

00

8 Taxable net income (line 5 plus line 7) (enter here and
on Form 720, Part I, line 41)

▶ 8

-9,400 00

PART III - TOTAL KENTUCKY REAL/TANGIBLE PROPERTY

| PROPERTY | | A. Beginning of Year | | B. End of Year | |
|----------|--|----------------------|----|----------------|----|
| 1 | Inventories ▶ 1 | | 00 | | 00 |
| 2 | Buildings ▶ 2 | | 00 | | 00 |
| 3 | Machinery and equipment ▶ 3 | 0 | 00 | 0 | 00 |
| 4 | Land ▶ 4 | | 00 | | 00 |
| 5 | Other tangible assets ▶ 5 | | 00 | | 00 |
| 6 | Total (lines 1 through 5) ▶ 6 | 0 | 00 | 0 | 00 |
| 7 | Average value of real/tangible property owned in Kentucky, total of line 6, columns A and B divided by 2 ▶ 7 | | | 0 | 00 |
| 8 | Leased property (Eight times the annual rental rate less subrentals) ▶ 8 | | | 0 | 00 |
| 9 | Total (lines 7 and 8) (enter on Part I, line 5) ▶ 9 | | | 0 | 00 |

PART IV - TOTAL REAL/TANGIBLE PROPERTY

| PROPERTY | | A. Beginning of Year | | B. End of Year | |
|----------|---|----------------------|----|----------------|----|
| 1 | Inventories ▶ 1 | | 00 | | 00 |
| 2 | Buildings ▶ 2 | | 00 | | 00 |
| 3 | Machinery and equipment ▶ 3 | 2,096,217 | 00 | 355,657 | 00 |
| 4 | Land ▶ 4 | | 00 | | 00 |
| 5 | Other tangible assets ▶ 5 | | 00 | | 00 |
| 6 | Total (lines 1 through 5) ▶ 6 | 2,096,217 | 00 | 355,657 | 00 |
| 7 | Average value of real/tangible property owned everywhere, total of line 6, columns A and B divided by 2 ▶ 7 | | | 1,225,937 | 00 |
| 8 | Leased property (Eight times the annual rental rate less subrentals) ▶ 8 | | | 4,130,968 | 00 |
| 9 | Total (lines 7 and 8) (enter on Part I, line 6) ▶ 9 | | | 5,356,905 | 00 |

Form **4562****Depreciation and Amortization**

(Including Information on Listed Property)

OTHER

OMB No. 1545-0172

2022Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

EATSTREET, INC.**OTHER DEPRECIATION****** - ***5093****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 100,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

| | | | |
|----|--|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 5,226. |

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

| | | | |
|----|--|----|----------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022 | 17 | 124,910. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | 14,764. | 5 YRS | HY | 200DB | 2,953. |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | / | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | / | | 39 yrs. | MM | S/L | |
| | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|---|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | / | | 30 yrs. | MM | S/L | |
| d 40-year | / | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|---|----|----------|
| 21 | Listed property. Enter amount from line 28 | 21 | 4,683. |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 137,772. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Form 4562 (2022)

EATSTREET, INC.

-*5093 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

| | | | | | | | | |
|-----------------|---|--|--|--|--|--|--------|--|
| SEE STATEMENT 3 | % | | | | | | 4,683. | |
| | % | | | | | | | |
| | % | | | | | | | |

27 Property used 50% or less in a qualified business use:

| | | | | | | | | |
|--|---|--|--|--|-------|--|--|--|
| | % | | | | S/L - | | | |
| | % | | | | S/L - | | | |
| | % | | | | S/L - | | | |

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28**

4,683.

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | (b) Vehicle | (c) Vehicle | (d) Vehicle | (e) Vehicle | (f) Vehicle |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

| | | |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|-----------------------------|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
|-----------------------------|------------------------------------|------------------------------|------------------------|---|--------------------------------------|

42 Amortization of costs that begins during your 2022 tax year:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |

43 Amortization of costs that began before your 2022 tax year**43**

360,095.

44 Total. Add amounts in column (f). See the instructions for where to report**44**

360,095.

| STATE FORM 4562 | | LISTED PROPERTY INFORMATION-MORE THAN 50% | | | | | | STATEMENT 3 | |
|--------------------------------------|--------------------------|---|--------------------------|----------------------------|-----------------------|-----------------------------------|------------------|--------------------|---|
| (A) DESCRIPTION | (B) DATE | (C) BUS. % | (D) COST | (E) BASIS | (F) LIFE | (G) MTH/CV | (H) DEDUCTION | (I) 179 ELECTED | |
| (K) TOTAL MILES | (L) BUSINESS MILES | (M) COMMUTING MILES | (N) PERSONAL MILES | (O) WAS VEH. AVAIL.? | (P) > 5% OWNER? | (Q) ANOTHER VEH. AVAILABLE? | | | |
| | | | | Y | N | Y | N | Y | N |
| 2014 FORD FUSION | 02/03/14 | 100.00 | 33,319. | 33,319. | 5 YRS | 200DB | 1,875. | | |
| COMPANY CAR - 2019 VOLKSWAGON ATLAS | 06/19/20 | 100.00 | 29,250. | 29,250. | 5 YRS | 200DB | 2,808. | | |
| TOTALS TO FORM 4562, PART V, LINE 26 | | | | | | | 4,683. | | |

Form **4797**
Department of the Treasury
Internal Revenue Service**Sales of Business Property**

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2022Attachment
Sequence No. **27**

Name(s) shown on return

Identifying number

EATSTREET, INC.**** - ***5093****1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20**1a****b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets**1b****c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets**1c****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year** (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|-----------------------------|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| | DISPOSED | | | | | | |
| | ASSETS | 123112 | 123122 | 207,667. | 1,010,466. | 2,460,414. | -1242281. |
| | TOTALS | | | 207,667. | 1,010,466. | 2,460,414. | -1242281. |

3 Gain, if any, from Form 4684, line 39**3****4** Section 1231 gain from installment sales from Form 6252, line 26 or 37**4****5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824**5****6** Gain, if any, from line 32, from other than casualty or theft**6****7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows**7****-1242281.****Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.**8** Nonrecaptured net section 1231 losses from prior years. See instructions**8****9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions**9****Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | | |
|--|-----------------|---------------|---------------|--|---------------|---------------|----------------|
| | DISPOSED | | | | | | |
| | ASSETS | 110321 | 103122 | | 2,734. | 7,594. | -4,860. |
| | TOTALS | | | | 2,734. | 7,594. | -4,860. |

11 Loss, if any, from line 7**11****(-1242281.)****12** Gain, if any, from line 7 or amount from line 8, if applicable**12****13** Gain, if any, from line 31**13****14** Net gain or (loss) from Form 4684, lines 31 and 38a**14****15** Ordinary gain from installment sales from Form 6252, line 25 or 36**15****16** Ordinary gain or (loss) from like-kind exchanges from Form 8824**16****17** Combine lines 10 through 16**17****-1247141.****18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions**18a****b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)218001
12-14-22

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|---|--|--------------------------------------|----------------------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |

| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B | Property C | Property D |
|--|--|------------|------------|------------|------------|
| 20 | Gross sales price (Note: See line 1a before completing.) | 20 | | | |
| 21 | Cost or other basis plus expense of sale | 21 | | | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | | | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | | | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | | | |
| 25 | If section 1245 property: | | | | |
| a | Depreciation allowed or allowable from line 22 | 25a | | | |
| b | Enter the smaller of line 24 or 25a | 25b | | | |
| 26 | If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | | |
| a | Additional depreciation after 1975 | 26a | | | |
| b | Applicable percentage multiplied by the smaller of line 24 or line 26a | 26b | | | |
| c | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | | |
| d | Additional depreciation after 1969 and before 1976 | 26d | | | |
| e | Enter the smaller of line 26c or 26d | 26e | | | |
| f | Section 291 amount (corporations only) | 26f | | | |
| g | Add lines 26b, 26e, and 26f | 26g | | | |
| 27 | If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | | |
| a | Soil, water, and land clearing expenses | 27a | | | |
| b | Line 27a multiplied by applicable percentage | 27b | | | |
| c | Enter the smaller of line 24 or 27b | 27c | | | |
| 28 | If section 1254 property: | | | | |
| a | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion | 28a | | | |
| b | Enter the smaller of line 24 or 28a | 28b | | | |
| 29 | If section 1255 property: | | | | |
| a | Applicable percentage of payments excluded from income under section 126 | 29a | | | |
| b | Enter the smaller of line 24 or 29a | 29b | | | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | | |
|----|---|----|--|
| 30 | Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

| | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 |
| 34 | Recomputed depreciation. See instructions | 34 |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 |

SCHEDULE

NOLCommonwealth of Kentucky
Department of Revenue

2 2 0 2 1 7 1 0 1 9

NET OPERATING LOSS SCHEDULE**2022****▶ Attach to Form 720.**

| | | |
|---------------------|-------------------------------|--|
| Name of Corporation | Federal Identification Number | Kentucky Corporation/LLET Account Number |
| EATSTREET, INC. | ** - ***5093 | 901307 |

Section A - Net Operating Loss Deduction

Prior Year NOL

| | | A | B |
|----|---|---------------------------|----------------------------|
| | | Pre-2018 NOL Carryforward | Post-2017 NOL Carryforward |
| 1 | Corporation Filing Return EATSTREET, INC. | 901307 | 13,188 |
| 2 | Subsidiaries (if applicable) | | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |
| f | | | |
| g | | | |
| h | | | |
| i | | | |
| 3 | Adjustments (Intercompany eliminations and others) | 3 | |
| 4 | Totals (sum each respective column) | 4 | 13,188 |
| 5 | Enter the taxable net income from Form 720, Part I, line 41. (If a loss, skip to Section B) | 5 | |
| 6 | Enter the lesser of line 5 or Column A, line 4. This is the pre-2018 NOLD | 6 | |
| 7 | Line 5 less line 6. If negative, enter zero. This is the taxable income remaining after pre-2018 NOLD | 7 | |
| 8 | Multiply line 7 by 80%. This is the maximum allowable post-2017 NOLD | 8 | |
| 9 | Enter the lesser of line 8 or Column B, line 4. This is the post-2017 NOLD | 9 | |
| 10 | Add lines 6 and 9. This is the total NOLD . Enter here and on Form 720, Part I, line 42 | 10 | |

Section B - NOL Carryforward

| | | | |
|---|--|---|--------|
| 1 | Enter the amount from Section A, Column A, line 4 | 1 | |
| 2 | Enter the amount from Section A, line 6 | 2 | |
| 3 | Subtract line 2 from line 1. This is the pre-2018 NOL carryforward to 2023 | 3 | |
| 4 | Enter the amount from Section A, Column B, line 4 | 4 | 13,188 |
| 5 | Enter the amount of current year loss from Form 720, Part I, line 41 (enter as a positive) | 5 | 9,400 |
| 6 | Enter the amount from Section A, line 9 | 6 | |
| 7 | Line 4 plus line 5 less line 6. This is the post-2017 NOL carryforward to 2023 | 7 | 22,588 |

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM 355

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|-----|
| Total tax | \$ | 456 |
| Less: payments and credits | \$ | 912 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| Overpayment | \$ | 456 |

Overpayment:

| | | |
|------------------------------|----|-----|
| Credit to your estimated tax | \$ | 456 |
| Other amount | \$ | 0 |
| Refunded to you | \$ | 0 |

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

Mass. Department of Revenue
P.O. Box 7005
Boston, MA 02204

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

Massachusetts Department of Revenue

Form 355-7004

Corporate Extension Payment Worksheet and Voucher

If you are mandated to pay electronically do *not* use the voucher form below. See TIR 21-9.

Worksheet for Tax Due

| | | | |
|---|---|---|------|
| 1 | Estimated amount of tax for the taxable year (must be at least minimum tax) | 1 | 456. |
| 2 | Advance and/or estimated payments made (if any) | 2 | 912. |
| 3 | Tax due. Subtract line 2 from line 1 | 3 | |

The full amount of tax due reported on line 3 must be paid by or before the return due date. If there is no tax due on line 3; no further action is needed for the extension. If there is a tax due on line 3, pay online at mass.gov/masstaxconnect or use the voucher below. If at least 50% of the tax due for the taxable year or the minimum tax (whichever is greater) is not paid by the original return due date, the extension is null and void, and penalties and interest for a late return and any late payments will be assessed from the original due date of the return.

257591 12-16-22

DETACH HERE

2022 Form 355-7004

FOR INFORMATIONAL PURPOSES ONLY

Massachusetts Corporate Extension Payment Voucher

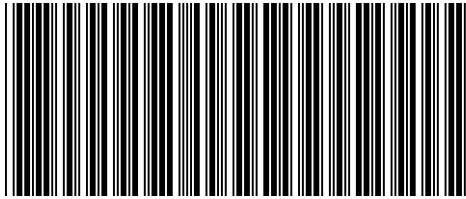
THIS FORM MUST BE FILED ELECTRONICALLY SEE TIR 21-9

| | | | | |
|--|-------------------------------|--|-----------------|-------------|
| Payment for period end date (mm/dd/yyyy) | Tax type | Voucher type | ID type | Vendor code |
| 12/31/2022 | 014 | 18 | 004 | 1019 |
| Name of business | Federal Identification number | Check if incorporated in Massachusetts | | |
| EATSTREET, INC. | ** - ***5093 | <input type="checkbox"/> | | |
| Business address | | | | |
| 44 E. MIFFLIN ST, STE 400 | | | | |
| City/Town | State | ZIP | Amount enclosed | |
| MADISON | WI | 53703 | \$ 0.00 | |

Pay online at mass.gov/masstaxconnect.



00100454385093 123122 0000000000 014 180041019 00000000007



2022 Form 355

MA22397011019

Business or Manufacturing Corporation Excise Return

Year beginning 01012022 Ending 12312022

EATSTREET, INC.

**** ***5093**

1574 W BROADWAY ST STE 2 MADISON

WI 53713

Check if: Initial return Final return Name change ☒ Address change Amended return
Amended return due to federal change Amended return due to federal audit Amended return due to IRS BBA Partnership Audit
Enclosing Schedule DRE Enclosing Schedule FCI Enclosing Schedule TDS
S election termination or revocation Member of lower-tier entity

1. Check if the corporation is incorporated within Massachusetts
2. Date of incorporation in Massachusetts 2
3. Type of corporation Section 38 manufacturer Mutual fund service
4. Type of corporation R&D Classified manufacturing RIC REIT
5. Check if the corporation is filing a Massachusetts combined return
6. FID of principal reporting corporation if answer to line 5 is Yes 6
7. Check if the corporation's tax year is different from the 355U
8. Check if the corporation is an insurance mutual holding corporation
9. Check if the corporation is requesting alternate apportionment
10. Principal business code 10 722300
11. Number of employees in Massachusetts 11 0
12. Number of employees worldwide 12 3752
13. Foreign corporation: first date of business in Massachusetts 13 01012020
14. Last year audited by IRS 14
15. Check if adjustments have been reported to Massachusetts
16. Check if the corporation is deducting intangible or interest expenses paid to a related entity
17. Check if: Taxpayer is claiming exemption from the income measure of the excise pursuant to PL 86-272
Taxable only with respect to partnership activity

DECLARATION. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

| | | | |
|----------------------------------|------|----------------------------|----------------------|
| Signature of appropriate officer | Date | Print paid preparer's name | Paid preparer's PTIN |
| | | DANIEL T. O'CONNOR, | P00543528 |
| Title | Date | Paid preparer's phone | Paid preparer's EIN |
| CEO | | 608 249 6622 | ** ***9910 |

Are you signing as an authorized delegate

of the appropriate officer of the corporation?

(see instructions) Yes ☒ No

Paid preparer's signature

DANIEL T. O'CONNOR, CPA

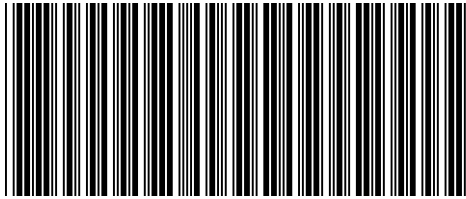
Date

11092023

Check if self-employed

Taxpayer's e-mail address

STEVE.ANASTASI@EATSTREET.COM

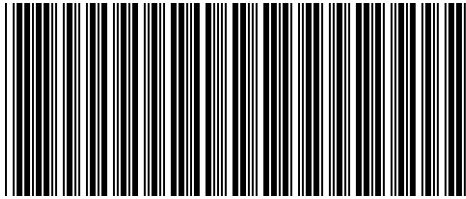


2022 Excise Calculation

MA22397021019

Business or Manufacturing Corporation Excise Return
** ***5093

| | | | |
|---|----------------------------|----------------|-----|
| 1. Taxable Massachusetts tangible property, if applicable | | x .0026 = 1 | |
| 2. Taxable net worth, if applicable | 0 | x .0026 = 2 | 0 |
| 3. Massachusetts taxable income | 0 | x .0800 = 3 | 0 |
| 4. Credit recapture | | 4 | |
| 5. Tax on installment sales | | 5 | |
| 6. Excise before credits | | 6 | 0 |
| 7. Total credits | | 7 | |
| 8. Excise after credits | | 8 | 0 |
| 9. Combined filer tax due | | 9 | |
| 10. Minimum excise | | 10 | 456 |
| 11. Excise due before voluntary contribution | | 11 | 456 |
| 12. Voluntary contribution for endangered wildlife conservation | | 12 | |
| 13. Excise due plus voluntary contribution | | 13 | 456 |
| 14. 2021 overpayment applied to your 2022 estimated tax | | 14 | 912 |
| 15. 2022 Massachusetts estimated tax payments | | 15 | |
| 16. Payment made with extension | | 16 | |
| 17. Payment with original return | | 17 | |
| 18. Pass-through entity withholding. Payer ID number | | 18 | |
| 19. Total refundable credits | | 19 | |
| 20. Total payments | | 20 | 912 |
| 21. Amount overpaid | | 21 | 456 |
| 22. Amount overpaid to be credited to 2023 estimated tax | | 22 | 456 |
| 23. Amount overpaid to be refunded | | Refund 23 | 0 |
| 24. Balance due | | Balance due 24 | |
| 25. a. M-2220 penalty | b. Late file/pay penalties | a + b = 25 | |
| 26. Interest on unpaid balance | | 26 | |
| 27. Total payment due at time of filing | | Total due 27 | |



2022 Schedule A

MA22060011019

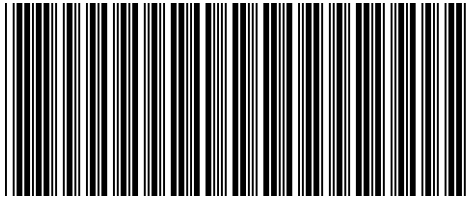
Balance Sheet

EATSTREET, INC.

** ***5093

Tangible Assets

| | | A. Original cost | B. Accumulated depreciation and amortization | C. Net book value |
|---|----|------------------------|--|-------------------------|
| 1. Capital assets in Massachusetts: | | | | |
| a. Buildings | 1a | | | |
| b. Land | 1b | | | |
| c. Motor vehicles and trailers | 1c | | | |
| d. Machinery taxed locally | 1d | | | |
| e. Machinery not taxed locally | 1e | | | |
| f. Equipment | 1f | | | |
| g. Fixtures | 1g | | | |
| h. Leasehold improvements taxed locally | 1h | | | |
| i. Leasehold improvements not taxed locally | 1i | | | |
| j. Other fixed depreciable assets | 1j | | | |
| k. Construction in progress | 1k | | | |
| l. Total capital assets in Massachusetts | 1l | | | |
| 2. Inventories in Massachusetts: | | | | |
| a. General merchandise | 2a | | | |
| b. Exempt goods | 2b | | | |
| 3. Supplies and other non-depreciable assets in Mass. | 3 | | | |
| 4. Total tangible assets in Massachusetts | 4 | | | |
| 5. Capital assets outside of Massachusetts: | | | | |
| a. Buildings and other depreciable assets | 5a | 355657 | 253876 | 101781 |
| b. Land | 5b | | | |
| 6. Leaseholds/leasehold improvements outside Mass. | 6 | | | |
| 7. Total capital assets outside Massachusetts | 7 | 355657 | 253876 | 101781 |



2022 Schedule A, pg. 2
MA22060021019

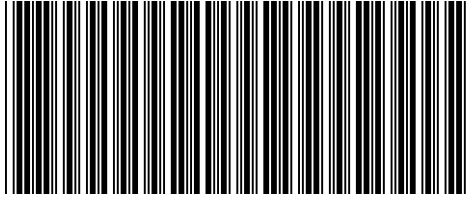
Business or Manufacturing Corporation Excise Return
**** ***5093**

| | | |
|--|-----|---------|
| 8. Inventories outside Massachusetts | 8 | |
| 9. Supplies and other non-depreciable assets outside Massachusetts | 9 | |
| 10. Total tangible assets outside of Massachusetts | 10 | 101781 |
| 11. Total tangible assets. Add lines 4 and 10 | 11 | 101781 |
| 12. Investments: | | |
| a. Investments in subsidiary corporations at least 80% owned | 12a | |
| b. Other investments | 12b | |
| 13. Notes receivable | 13 | |
| 14. Accounts receivable | 14 | 1157082 |
| 15. Intercompany receivables | 15 | |
| 16. Cash | 16 | 549906 |
| 17. Other assets | 17 | 2678244 |
| 18. Total assets | 18 | 4487013 |

Liabilities and Capital

| | | |
|--|-----|-----------|
| 19. Mortgages on: | | |
| a. Massachusetts tangible property taxed locally | 19a | |
| b. Other tangible assets | 19b | |
| 20. Bonds and other funded debt | 20 | |
| 21. Accounts payable | 21 | 3264720 |
| 22. Intercompany payables | 22 | |
| 23. Notes payable | 23 | 6657494 |
| 24. Miscellaneous current liabilities | 24 | 8145365 |
| 25. Miscellaneous accrued liabilities | 25 | 43709 |
| 26. Total liabilities | 26 | 18111288 |
| 27. Total capital stock issued | 27 | 6305 |
| 28. Paid-in or capital surplus | 28 | 55900492 |
| 29. Retained earnings and surplus reserves | 29 | -69531072 |
| 30. Undistributed S corporation net income | 30 | |
| 31. Total capital | 31 | -13624275 |
| 32. Treasury stock | 32 | |
| 33. Total liabilities and capital | 33 | 4487013 |

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2022 Schedule B

MA22061011019

Tangible or Intangible Property Corp. Classification

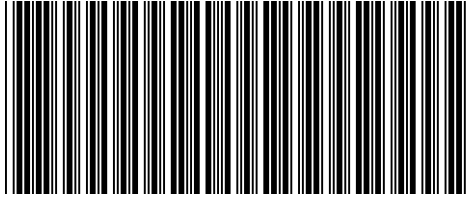
EATSTREET, INC.

** ***5093

| | | |
|---|----|----------|
| 1. Total Massachusetts tangible property | 1 | |
| 2. Massachusetts real estate | 2 | |
| 3. Massachusetts motor vehicles and trailers | 3 | |
| 4. Massachusetts machinery taxed locally | 4 | |
| 5. Massachusetts leasehold improvements taxed locally | 5 | |
| 6. Massachusetts tangible property taxed locally | 6 | |
| 7. Massachusetts tangible property not taxed locally | 7 | |
| 8. Total assets | 8 | 4487013 |
| 9. Massachusetts tangible property taxed locally | 9 | |
| 10. Total assets not taxed locally | 10 | 4487013 |
| 11. Investments in subsidiaries at least 80% owned | 11 | |
| 12. Assets subject to allocation | 12 | 4487013 |
| 13. Income apportionment percentage | 13 | 0.007831 |
| 14. Allocated assets | 14 | 35138 |
| 15. Tangible property percentage | 15 | 0.000000 |

Schedule C. Tangible Property Corporation

| | |
|--|----|
| 1. Total Massachusetts tangible property | 1 |
| 2. Exempt Massachusetts tangible property: | |
| a. Massachusetts real estate | 2a |
| b. Massachusetts motor vehicles and trailers | 2b |
| c. Massachusetts machinery taxed locally | 2c |
| d. Massachusetts leasehold improvements taxed locally | 2d |
| e. Exempt goods | 2e |
| f. Certified Massachusetts industrial waste/air treatment facilities | 2f |
| g. Certified Massachusetts solar or wind power deduction | 2g |
| 3. Total exempt Massachusetts tangible property | 3 |
| 4. Taxable Massachusetts tangible property | 4 |



2022 Schedule D

MA22062011019

Intangible Property Corporation

** ***5093

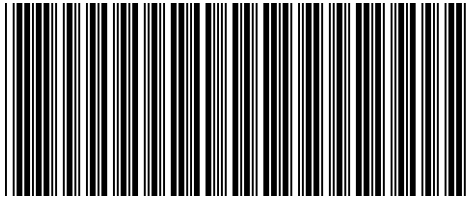
| | | |
|---|----|----------|
| 1. Total assets | 1 | 4487013 |
| 2. Total liabilities | 2 | 18111288 |
| 3. Massachusetts tangible property taxed locally | 3 | |
| 4. Mortgages on Massachusetts tangible property taxed locally | 4 | |
| 5. Subtract line 4 from line 3 | 5 | 0 |
| 6. Investments in subsidiaries at least 80% owned | 6 | |
| 7. Deductions from total assets | 7 | 18111288 |
| 8. Allocable net worth | 8 | 0 |
| 9. Income apportionment percentage | 9 | 0.007831 |
| 10. Taxable net worth | 10 | 0 |

Schedule E-1. Dividends Deduction

| | |
|--|---|
| 1. Total dividends | 1 |
| 2. Dividends from Massachusetts corporate trusts | 2 |
| 3. Dividends from non-wholly-owned DISCs | 3 |
| 4. Dividends, if less than 15% of voting stock owned | 4 |
| 5. Dividends from RICs | 5 |
| 6. Dividends from REITs | 6 |
| 7. Total taxable dividends | 7 |
| 8. Dividends eligible for deduction | 8 |
| 9. Dividends deduction | 9 |

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2022 Schedule E

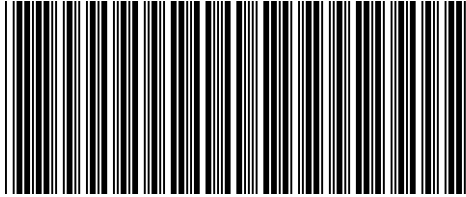
MA22064011019

Taxable Income

EATSTREET, INC.

**** ***5093**

| | | |
|---|------------|----------|
| 1. Gross receipts or sales | 1 | 28834297 |
| 2. Gross profit | 2 | 28227152 |
| 3. Other deductions | 3 | 12834669 |
| 4. Net income | 4 | -5131799 |
| 5. Allowable U.S. wage credit | 5 | |
| 6. Subtract line 5 from line 4 | 6 | -5131799 |
| 7. State and municipal bond interest not included in U.S. net income | 7 | |
| 8. Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income | 8 | 45895 |
| 9. Section 168(k) "bonus" depreciation adjustment | 9 | |
| 10. Section(s) 31I and 31K intangible expenses | 10 | |
| 11. Section(s) 31J and 31K interest expenses | 11 | |
| 12. Reserved for future use | 12 | |
| 13. Other adjustments, including research and development expenses | 13 | |
| 14. Add lines 6 through 13 | 14 | -5085904 |
| 15. Abandoned building renovation deduction | x .10 = 15 | |
| 16. Dividends deduction | 16 | |
| 17. Add back of intangible expenses exception | 17 | |
| 18. Add back of interest expenses exception | 18 | |
| 19. Income subject to apportionment | 19 | -5085904 |
| 20. Income apportionment percentage | 20 | 0.007831 |
| 21. Multiply line 19 by line 20 | 21 | -39828 |
| 22. Income not subject to apportionment | 22 | |
| 23. Total net income allocated or apportioned to Massachusetts | 23 | -39828 |
| 24. Certified Massachusetts solar or wind power deduction | 24 | |
| 25. Massachusetts taxable income before NOL deduction | 25 | -39828 |
| 26. Net operating loss deduction | 26 | |
| 27. Massachusetts taxable income | 27 | -39828 |
| 28. Net operating loss carryover | 28 | 39828 |



2022 Schedule F

MA22066011019

Income Apportionment

EATSTREET, INC.

** ***5093

Fill in: Section 38 manufacturer
Mutual fund service corporation reporting sales of mutual funds only
Mutual fund service corporation reporting sales of non-mutual funds
☒ Other
Change in method of calculating one or more factors from prior year

LOCATION

STATE FACILITY TYPE

ACCEPTS REG. IN FILES IN
ORDERS STATE STATE

Apportionment Factors

| | | | | |
|---|---------------|--------|-----------|----------|
| 1. Tangible property | | | | |
| a. Property owned | Massachusetts | 0 | Worldwide | 1225937 |
| b. Property rented | Massachusetts | 0 | Worldwide | 4130968 |
| c. Total property owned and rented | Massachusetts | 0 | Worldwide | 5356905 |
| d. Tangible property apportionment percentage | | | 1d | 0.000000 |
| 2. Payroll | | | | |
| a. Total payroll | Massachusetts | | Worldwide | |
| b. Payroll apportionment percentage | | | 2b | |
| 3. Sales | | | | |
| a. Tangible (destination) | Massachusetts | | | |
| b. Tangible (throw back) | Massachusetts | | Worldwide | |
| c. Services | Massachusetts | | Worldwide | |
| d. Rents and royalties | Massachusetts | | Worldwide | |
| e. Other sales factors | Massachusetts | 339410 | Worldwide | 28893995 |
| f. Total sales factors | Massachusetts | 339410 | Worldwide | 28893995 |
| g. Sales apportionment percentage | | | 3g | 0.011747 |
| 4. Apportionment percentage | | | 4 | 0.023494 |
| 5. Massachusetts apportionment percentage | | | 5 | 0.007831 |

257691 11-15-22

11/09/2023 08:12:05

Massachusetts Department of Revenue
Schedule M-1
Federal Reconciliation

2022

| For calendar year 2022 or taxable year beginning | and ending |
|--|--|
| Name of corporation EATSTREET, INC. | Federal Identification number ** - ***5093 |

Part 1. Income and expenses

| | |
|--|-----------------------|
| 1 Net sales | 1 28,834,297. |
| 2 Cost of goods sold | 2 607,145. |
| 3 Gross profit | 3 28,227,152. |
| 4 Dividends and inclusions | 4 |
| 5 Interest income | 5 15,864. |
| 6 Gross rents | 6 |
| 7 Gross royalties | 7 |
| 8 Capital gains on net income | 8 |
| 9 Net gain or loss (from Form 4797) | 9 -1,247,141. |
| 10 Other income | 10 753,000. |
| 11 Total income | 11 27,748,875. |
| 12 Compensation of officers deduction | 12 895,543. |
| 13 Salaries and wages deduction | 13 12,399,234. |
| 14 Repairs and maintenance deduction | 14 16,823. |
| 15 Bad debts deduction | 15 |
| 16 Rents deduction | 16 372,244. |
| 17 Taxes and licenses deduction | 17 2,277,826. |
| 18 Interest expense deduction | 18 |
| 19 Charitable contributions deduction | 19 |
| 20 Depreciation deduction | 20 141,471. |
| 21 Depletion deduction | 21 |
| 22 Advertising deduction | 22 2,309,205. |
| 23 Pension and profit sharing deduction | 23 296,795. |
| 24 Employee benefit programs deduction | 24 1,336,864. |
| 25 Reserved for future use | 25 |
| 26 Other deductions | 26 12,834,669. |
| 27 Total deductions | 27 32,880,674. |
| 28 Taxable income before NOL deduction and special deductions | 28 -5,131,799. |



Name of corporation

EATSTREET, INC.

Federal Identification number

-*5093

Part 2. Corporate ownership

1 At the end of the tax year did any foreign or domestic corporation, partnership, including any entity treated as a partnership, trust or tax-exempt organization own, directly or indirectly, more than 50% of the total voting power of all the corporation's stock entitled to vote?

☐ Yes ☒ No

| a. Name of entity | b. Federal Identification number | c. Type of entity | d. Country of organization | e. Ownership percentage |
|----------------------|-------------------------------------|----------------------|-------------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 At the end of the tax year did the corporation own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation?

☐ Yes ☒ No

| a. Name of corporation | b. Federal Identification number | c. Country of incorporation | d. Ownership percentage |
|---------------------------|-------------------------------------|--------------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| MASSACHUSETTS | OTHER ASSETS | STATEMENT 1 |
|------------------------------|--------------|-------------|
| DESCRIPTION | | AMOUNT |
| OTHER CURRENT ASSETS | | 715,548. |
| FEDERAL INTANGIBLE ASSETS | | 1,962,696. |
| TOTAL TO SCHEDULE A, LINE 17 | | 2,678,244. |

TAX RETURN FILING INSTRUCTIONS

MICHIGAN FORM 4891

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|---|
| Total tax | \$ | 0 |
| Less: payments and credits | \$ | 0 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| No payment required | \$ | |

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

Michigan Dept. of Treasury
P.O. Box 30803
Lansing, MI 48909

Return Must be Mailed On or Before:

December 31, 2023

Special Instructions:

FOR YOUR RECORDS
DO NOT FILE

FOR YOUR RECORDS
DO NOT FILE

258201 12-29-22

----- Detach here and mail with your payment. Do not fold or staple the application. -----

Michigan Department of Treasury, Form 4 (Rev. 03-22)

Issued under the authority of Public Acts 281 of 1967, as amended and 36 of 2007.

Application for Extension of Time to File Michigan Tax Returns

Make check payable to "State of Michigan." Print "Michigan Extension" and last four digits of filer's Social Security number or full account number on the check.

Mail to: Michigan Department of Treasury, PO Box 30774, Lansing, MI 48909

| | | | |
|---|--|--|--|
| 1. Extension request is for the following tax Check ONLY ONE <input type="checkbox"/> Income Tax (excludes Home Heating Credit) <input type="checkbox"/> Fiduciary Tax (includes Composite Filers) <input type="checkbox"/> Michigan Business Tax <input checked="" type="checkbox"/> Corporate Income Tax | | 2. Month and Year Your Tax Year Ends (MM-YYYY) 12-2022 | 3. Full Federal Employer Identification or TR No. **-***** |
| | | 4. <input type="checkbox"/> Check if extension is requested for good cause (see instructions). | 5. Filer's Full Social Security No. (9 digits) |
| | | 6. <input type="checkbox"/> Check if an extension was granted for filer's federal tax return. | 7. Spouse's Full Social Security No. (if filing jointly) |
| 8. Business or Trust Name EATSTREET, INC. | | | 9. Tentative Annual Tax |
| 10. Filer's Name (first name, middle initial, last name) or Fiduciary/Trustee Name | | | 11. Total Payments Made to Date |
| 12. Mailing Address (Address, City, State and ZIP Code) 1574 W BROADWAY ST STE 200 #PMB1005, MADISON, WI | | | 13. Payment Amount .00 |

DO NOT WRITE IN THIS SPACE

1019

***** ** **** ***** ***** 1

2022 MICHIGAN Corporate Income Tax Annual Return

Issued under authority of Public Act 38 of 2011.

| | | | |
|--|--|---|---------------------------------|
| MM-DD-YYYY | | MM-DD-YYYY | |
| 1. Return is for calendar year 2022 or for tax year beginning: | | and ending: | |
| 2. Taxpayer Name (print or type) EATSTREET, INC. | | 3. Federal Employer Identification Number (FEIN) **-***5093 | |
| 4. Street Address 1574 W BROADWAY ST STE 200 #PMB1005 | | | |
| City MADISON | | State WI | ZIP/Postal Code 53713 |
| 5. NAICS (North American Industry Classification System) Code 722300 | | 6. If a Final Return, Enter Effective End Date | |
| 7a. <input type="checkbox"/> Check if Filing Michigan Unitary Business Group Return. (Include Form 4896, if applicable, and Form 4897.) | | 7b. Affiliated Group Election year (MM-DD-YYYY) | |
| | | 8. <input type="checkbox"/> Check if a special sourcing formula for transportation services is used in the sourcing of Sales to Michigan. | |

Important: If the tax liability on line 41 is less than or equal to \$100, or the gross receipts on line 11 are less than \$350,000, you are not required to file this return or pay the tax. Short period filers, see instructions.

9. Apportionment Calculation - If any amount in line 9a through 9e is zero, enter zero. **All lines must be completed.**

| | | | |
|--|-----|----------|----|
| a. Michigan sales of the corporation/Unitary Business Group (UBG) (if no Michigan sales, enter zero) ... | 9a. | 461172 | 00 |
| b. Proportionate Michigan sales from unitary Flow-Through Entities (FTEs) (include Form 4900) | 9b. | | 00 |
| ac. Michigan sales. Add lines 9a and 9b | 9c. | 461172 | 00 |
| d. Total sales of the corporation/UBG | 9d. | 28893995 | 00 |
| e. Proportionate total sales from unitary FTEs (include Form 4900) | 9e. | | 00 |
| f. Total sales. Add lines 9d and 9e | 9f. | 28893995 | 00 |
| g. Apportionment percentage. Divide line 9c by line 9f | 9g. | 1.5960 | % |

| | | | |
|---|------|----------|----|
| 10. a. Gross receipts from corporate activities (see instructions) | 10a. | 29810828 | 00 |
| 10. b. Apportioned gross receipts from FTEs | 10b. | | 00 |
| 11. REQUIRED: Total gross receipts for filing threshold purposes. Multiply line 10a by line 9g, and add line 10b | 11. | 475781 | 00 |

PART 1: CORPORATE INCOME TAX

Unitary Business Groups: Amounts reported for all members on Form 4897 must be summed and carried to the corresponding line on Form 4891.

| | | | |
|---|------|----------|----|
| 12. Federal taxable income. (Amount includes agricultural activities. See instructions.) | 12. | -5131799 | 00 |
| 13. Miscellaneous (see instructions) | 13. | | 00 |
| 14. Adjustments due to decoupling of Michigan depreciation from IRC § 168(k). If adjustment is negative, enter as negative: | | | |
| a. Net bonus depreciation adjustment | 14a. | | 00 |
| b. Gain/loss adjustment on sale of eligible depreciable asset(s) ... | 14b. | | 00 |
| c. Add lines 14a and 14b. If negative, enter as negative | 14c. | | 00 |
| 15. Add lines 12, 13 and 14c. If negative, enter as negative | 15. | -5131799 | 00 |
| 16. For a UBG, total group eliminations from business income (see instructions). All other filers, enter zero ... | 16. | | 00 |
| 17. Business Income. Subtract line 16 from line 15. (UBGs, see instructions.) If negative, enter as negative ... | 17. | -5131799 | 00 |

Additions to Business Income

| | | | |
|--|-----|----------|----|
| 18. Interest income and dividends derived from obligations or securities of states other than Michigan | 18. | | 00 |
| 19. Taxes on or measured by net income including tax imposed under CIT | 19. | 32501 | 00 |
| 20. Any carryback or carryover of a federal net operating loss (enter as a positive number) | 20. | | 00 |
| 21. Royalty, interest, and other expenses paid to a related person that is not a UBG member of this taxpayer | 21. | | 00 |
| 22. Expenses from the production of oil and gas, and/or minerals (see instructions) | 22. | | 00 |
| 23. Miscellaneous (see instructions) | 23. | | 00 |
| 24. Total Additions to Income. Add lines 18 through 23 | 24. | 32501 | 00 |
| 25. Corporate Income Tax Base After Additions. Add lines 17 and 24. If negative, enter as negative | 25. | -5099298 | 00 |

PART 1: CORPORATE INCOME TAX (Continued)**Subtractions from Business Income**

| | | | |
|--|------|----------|----|
| 26. Income from non-unitary FTEs (Enter loss as negative; include Form 4898; see instructions) | 26. | | 00 |
| 27. Dividends and royalties received from persons other than U.S. persons and foreign operating entities | 27. | | 00 |
| 28. Interest income derived from United States obligations | 28. | | 00 |
| 29. Income from the production of oil and gas, and/or minerals (see instructions) | 29. | | 00 |
| 30. Miscellaneous (see instructions) | 30. | | 00 |
| 31. Total Subtractions from Income. Add lines 26 through 30 | 31. | | 00 |
| 32. Corporate Income Tax Base. Subtract line 31 from line 25. If negative, enter as negative | 32. | -5099298 | 00 |
| 33. Apportioned Corporate Income Tax Base. Multiply line 32 by percentage on line 9g | 33. | -81385 | 00 |
| 34. Apportioned Income from non-unitary FTEs from Form 4898 (see instructions) | 34. | | 00 |
| 35. Total apportioned Corporate Income Tax Base. Add line 33 and line 34 | 35. | -81385 | 00 |
| 36a. Available CIT business loss carryforward (see instructions). Enter as positive | 36a. | 2253631 | 00 |
| 36b. <input type="checkbox"/> Check if any loss on line 36a was acquired in this filing period in an IRC 381(a)(1) or (2) transaction (see instructions) | | | |
| 37. Subtract line 36a from line 35. If negative, enter here as negative. A negative number here is the available business loss carryforward to the next filing period (see instructions) | 37. | -2335016 | 00 |
| 38. Corporate Income Tax Before Credit. Multiply line 37 by 6% (0.06). If less than zero, enter zero | 38. | | 00 |

PART 2: TOTAL CORPORATE INCOME TAX

| | | | |
|--|-----|---|----|
| 39. Small Business Alternative Credit (SBAC) from Form 4893, line 14 or line 18, whichever applies | 39. | | 00 |
| 40. Tax Liability after SBAC. Subtract line 39 from line 38 | 40. | | 00 |
| 41. Tax Liability after CIT Historic Preservation Credit from Form 5793, line 11. If less than or equal to \$100, enter zero. If apportioned or allocated gross receipts are less than \$350,000, enter zero (see instr.) | 41. | | 00 |
| 42. Total Recapture of Certain Business Tax Credits from Form 4902 | 42. | | 00 |
| 43. Total Tax Liability. Add lines 41 and 42 | 43. | 0 | 00 |

PART 3: PAYMENTS AND TAX DUE

UBGs include on lines 44 through 47 payments from all members as reported on Form 4897.

| | | | |
|--|-----|--|----|
| 44. Overpayment credited from prior period return (MBT or CIT) | 44. | | 00 |
| 45. Estimated tax payments | 45. | | 00 |
| 46. Tax paid with request for extension | 46. | | 00 |
| 47. Michigan tax withheld | 47. | | 00 |
| 48. Payment total. Add lines 44 through 47 | 48. | | 00 |
| 49. TAX DUE. Subtract line 48 from line 43. If less than zero, leave blank | 49. | | 00 |
| 50. Underpaid estimate penalty and interest from Form 4899, line 38 | 50. | | 00 |
| 51. Annual Return Penalty (see instructions) | 51. | | 00 |
| 52. Annual Return Interest (see instructions) | 52. | | 00 |
| 53. PAYMENT DUE. If line 49 is blank, go to line 54. Otherwise, add lines 49 through 52 | 53. | | 00 |

PART 4: REFUND OR CREDIT FORWARD

| | | | |
|---|-----|--|----|
| 54. Overpayment. Subtract lines 43, 50, 51 and 52 from line 48. If less than zero, leave blank (see instructions) | 54. | | 00 |
| 55. CREDIT FORWARD. Amount on line 54 to be credited forward and used as an estimate for next CIT tax year | 55. | | 00 |
| 56. REFUND. Subtract line 55 from line 54 | 56. | | 00 |

| | | | |
|---|---|---|--|
| Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge. | | Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge. | |
| <input checked="" type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer. | | Preparer's PTIN, FEIN or SSN ** - ***9910 | |
| Authorized Signature for Tax Matters | | Preparer's Business Name (print or type) BAKER TILLY US, LLP | |
| Authorized Signer's Name (print or type) STEVE ANASTASI | Date | Preparer's Business Address and Telephone Number (print or type) PO BOX 7398 MADISON, WI 53707-7398 608-249-6622 | |
| Title CEO | Telephone Number 866-654-8777 | | |

Return is due April 30 or on or before the last day of the 4th month after the close of the tax year.

WITHOUT PAYMENT. Mail return to:
Michigan Department of Treasury,
PO Box 30803, Lansing MI 48909

WITH PAYMENT. Pay amount on line 53. Mail check and return to: Michigan Department of Treasury,
PO Box 30804, Lansing MI 48909. Make check payable to "State of Michigan." Print taxpayer's FEIN, the
tax year, and "CIT" on the front of the check. Do not staple the check to the return.

TAX RETURN FILING INSTRUCTIONS

MISSOURI FORM MO-1120

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|---|
| Total tax | \$ | 0 |
| Less: payments and credits | \$ | 0 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| No payment required | \$ | |

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

Missouri Department of Revenue
P.O. Box 700
Jefferson City, MO 65105-0700

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

Form
MO-1120

MISSOURI DEPARTMENT OF
REVENUE
2022 Corporation Income Tax Return

Department Use Only
(MM/DD/YY)

Missouri Tax
I.D. Number

0 1 4 2 2 2 5 7

Missouri Corporation Income
Tax Return for 2022

Beginning
(MM/DD/YY)

0 1 0 1 2 2

Ending
(MM/DD/YY)

1 2 3 1 2 2

Federal Employer
I.D. Number

* * * * *

Charter
Number

0 1 4 2 2 2 5 7

Corporation
Name

EATSTREET, INC.

Address

1574 W BROADWAY ST STE 200 #PMB

City

MADISON

State

WI

ZIP

53713



2211011019

☒ Select this box if you have an approved federal extension. Attach a copy of the approved Federal Extension (Form 7004).

Select applicable boxes. Failure to select the address change box may result in mailings going to the last address on file.

- ☐ Consolidated MO Return ☐ Consolidated Federal and Separate Missouri Return ☐ Amended Return ☐ Name Change
- ☒ Address Change ☐ Final Return and Close Corporation Income Tax Account ☐ Bankruptcy ☐ 1120C ☐ 990T
- ☐ All Missouri source income is from an interest(s) in a partnership(s) ☐ Public Law 86-272

Computation of Income Tax

- | | | | |
|---|----|------------|-----|
| 1. Federal taxable income from Federal Form 1120, Line 30 | 1 | -5,131,799 | .00 |
| 2. Corporation income tax from Missouri, or other states, their subdivisions, and District of Columbia deducted in determining federal taxable income | 2 | 32,501 | .00 |
| 3. Missouri modifications - Additions (complete Page 3, Part 1) | 3 | | .00 |
| 4. Total additions - Add Lines 2 and 3 | 4 | 32,501 | .00 |
| 5. Missouri modifications - Subtractions (complete Page 3, Part 2) | 5 | 2,819,995 | .00 |
| 6. Balance - Line 1 plus Line 4 minus Line 5 | 6 | -7,919,293 | .00 |
| 7. Federal income tax - Current year (complete Page 4, Part 3) | 7 | | .00 |
| 8. Taxable income - All sources - Line 6 minus Line 7 | 8 | -7,919,293 | .00 |
| 9. Preliminary Missouri taxable income - If all Missouri income, enter amount from Line 8. If not, complete Form MO-MS . | | | |
| Method 2A Percent 0 0 0 .1 5 7 Multiply Line 8 by the percentage | 9 | -12,433 | .00 |
| 10. Missouri dividends deduction (see instructions) | 10 | | .00 |
| 11. Enterprise zone or rural empowerment zone income modification | 11 | | .00 |
| 12. Bring jobs home deduction (see instructions) | 12 | | .00 |
| 13. Transportation facilities deductions: | | | |
| <input type="checkbox"/> Port Cargo Expansion <input type="checkbox"/> International Trade Facility <input type="checkbox"/> Qualified Trade Activities | 13 | | .00 |
| 14. Missouri taxable income - Line 9 minus Lines 10, 11, 12, and 13 | 14 | 0 | .00 |

1019 261301 12-30-22

| | | 15 | 0 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------|---------------------|---|------------------------------------|------------------------|-----------------------------|---|------------------------------------|--------------------------|---|---|-----------------------------------|-----------------------------------|---|---|-----------------------------------|-----------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Tax | 15. Corporation income tax - 4% of Line 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16. Recapture of Missouri low income housing credit - Attach a copy of Federal Form 8611 (see instructions) | 16 | 0 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17. Total tax - Add Lines 15 and 16 | 17 | 0 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Credits and Payments | 18. Tax credits - Attach Form MO-TC | 18 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19. Estimated tax payments - Include approved overpayments applied from previous year | 19 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20. Payments with Form MO-7004 | 20 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21. Amended return only - Tax paid with (or after) the filing of the original return | 21 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 22. Subtotal - Add Lines 18 through 21 | 22 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 23. Amended return only - Overpayment, if any, as shown on original return or as later adjusted | 23 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 24. Total - Line 22 minus Line 23 | 24 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refund or Tax Due | 25. If Line 24 is more than Line 17, enter overpayment here | 25 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 26. Amount remitted or amount of tax overpayment to be contributed to the funds listed below | 26 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"><thead><tr><th>MO Medal of Honor Fund</th><th>Children's Trust Fund</th><th>Veterans Trust Fund</th><th>Elderly Home Delivered Meals Trust Fund</th><th>Missouri National Guard Trust Fund</th><th>Workers' Memorial Fund</th><th>Childhood Lead Testing Fund</th><th>Missouri Military Family Relief Fund</th><th>General Revenue Fund</th><th>Organ Donor Program Fund</th><th>Kansas City Regional Law Enforcement Memorial Foundation Fund</th><th>Soldiers Memorial Military Museum in St. Louis Fund</th><th>Additional Fund Code (See Instr.)</th><th>Additional Fund Code (See Instr.)</th></tr></thead><tbody><tr><td>00</td><td>00</td><td>00</td><td>00</td><td>00</td><td>00</td><td>00</td><td>00</td><td>00</td><td>00</td><td>00</td><td>00</td><td>00</td><td>00</td></tr></tbody></table> | | | | MO Medal of Honor Fund | Children's Trust Fund | Veterans Trust Fund | Elderly Home Delivered Meals Trust Fund | Missouri National Guard Trust Fund | Workers' Memorial Fund | Childhood Lead Testing Fund | Missouri Military Family Relief Fund | General Revenue Fund | Organ Donor Program Fund | Kansas City Regional Law Enforcement Memorial Foundation Fund | Soldiers Memorial Military Museum in St. Louis Fund | Additional Fund Code (See Instr.) | Additional Fund Code (See Instr.) | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| | MO Medal of Honor Fund | Children's Trust Fund | Veterans Trust Fund | Elderly Home Delivered Meals Trust Fund | Missouri National Guard Trust Fund | Workers' Memorial Fund | Childhood Lead Testing Fund | Missouri Military Family Relief Fund | General Revenue Fund | Organ Donor Program Fund | Kansas City Regional Law Enforcement Memorial Foundation Fund | Soldiers Memorial Military Museum in St. Louis Fund | Additional Fund Code (See Instr.) | Additional Fund Code (See Instr.) | | | | | | | | | | | | | | | | | | |
| | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | | | | | | | | | | | | | | | | | | |
| | 27. Amount of Line 25 to be applied to your 2023 estimated tax | 27 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 28. REFUND - Line 25 minus Lines 26 and 27 | 28 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29. If Line 24 is less than Line 17, enter underpayment here | 29 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30. Enter the total of the below on Line 30 | 30 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interest <input type="text"/> .00 Additions to Tax <input type="text"/> .00 MO-2220 <input type="text"/> .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. AMOUNT DUE - Add Lines 29 and 30 (U.S. funds only) | 31 | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of their firm, or if internally prepared, any member of the internal staff

Signature of Officer Printed Name

Telephone Number Date Signed (MM/DD/YY)

Preparer's Signature (Including Internal Preparer) **DANIEL T. O'CONNOR, C** Preparer's FEIN, SSN, or PTIN

Telephone Number Date Signed (MM/DD/YY)

Did you pay a tax return preparer to complete your return, but they failed to sign the return or provide their Internal Revenue Service preparer tax identification number? If you marked Yes, please insert their name, address, and phone number in the applicable sections of the signature block above. ☐ Yes ☒ No

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Mailing instructions on page 4

261302 12-30-22



2

2211021019

MO-1120 Page 2

13111109 144198 89475

2022.05000 EATSTREET, INC.

89475__1

Part 1 - Missouri
 Modifications - Additions

| | | | | | |
|--|----|--|-----|---|-----|
| 1a. State and local bond interest (except Missouri) | 1a | | .00 | | |
| 1b. Related expenses (omit if less than \$500). - Enter Line 1a minus Line 1b on Line 1 | 1b | | .00 | 1 | .00 |
| 2. Fiduciary and partnership adjustment - Enter share of adjustment from Form MO-1041 , Part 1, Line 19 or Form MO-1065 , Line 11 | | | | 2 | .00 |
| 3. Net operating loss modification from Form MO-5090 (do not enter NOL carryover) | | | | 3 | .00 |
| 4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income | | | | 4 | .00 |
| 5. Business interest expense carryforward | | | | 5 | .00 |
| 6. Total - Add Lines 1 through 5. Enter here and on page 1, Line 3 | | | | 6 | .00 |

Part 2 - Missouri Modifications - Subtractions

| | | | | | |
|---|----|-----------|-----|--------|---------------|
| 1a. Interest from exempt federal obligations - Attached a detailed schedule | 1a | 2,819,995 | .00 | STMT 2 | |
| 1b. Related expenses (omit if less than \$500) - Enter Line 1a minus Line 1b on Line 1 | 1b | | .00 | 1 | 2,819,995 .00 |
| 2. Federally taxable - Missouri exempt obligations | | | | 2 | .00 |
| 3. Agriculture disaster relief | | | | 3 | .00 |
| 4. Previously taxed income | | | | 4 | .00 |
| 5. Amount of any state income tax refund included in federal taxable income | | | | 5 | .00 |
| 6. Capital gain exclusion from the sale of low income housing project | | | | 6 | .00 |
| 7. Fiduciary, partnership, and other adjustments - (see instructions) | | | | 7 | .00 |
| 8. Missouri depreciation basis adjustment | | | | 8 | .00 |
| 9. Subtraction modification offsetting previous addition modification from a net operating loss deduction from an applicable year (only enter previously disallowed NOL carryback) | | | | 9 | .00 |
| 10. Depreciation recovery on qualified property that is sold | | | | 10 | .00 |
| 11. Build America and recovery zone bond interest | | | | 11 | .00 |
| 12. Missouri public-private partnerships transportation act | | | | 12 | .00 |
| 13. Disallowed business interest expense | | | | 13 | .00 |
| 14 Total - Add Lines 1 through 13. Enter here and on Page 1, Line 5 | | | | 14 | 2,819,995 .00 |



2211031019

Consolidated federal and separate Missouri return (see instructions)

Part 3 - Federal Income Tax - Current Year

| | | | | | | | | | | |
|--|---|---|-----|---|---|---|---|---|--|-----|
| 1. Federal tax from Federal Form 1120, Schedule J, Line 11 | 1 | | .00 | | | | | | | |
| 2. Foreign tax credit from Federal Form 1120, Schedule J, Line 5a | 2 | | .00 | | | | | | | |
| 3. Federal income tax - Add Lines 1 and 2. Multiply the total by 50%; and enter here and on page 1, Line 7 | 3 | | .00 | | | | | | | |
| Consolidated federal and separate Missouri returns must complete Lines 4 through 6. | | | | | | | | | | |
| 4. Numerator - Enter the amount of separate company federal taxable income | 4 | | .00 | | | | | | | |
| 5. Denominator - Enter the total positive separate company federal taxable income | 5 | | .00 | | | | | | | |
| 6. Divide Line 4 by Line 5. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>0</td><td>0</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table> Multiply by Line 3. Enter here and on Page 1, Line 7. Consolidated federal and separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. If information is not sent, the federal income tax deduction may be reduced to zero | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | | .00 |
| 0 | 0 | 0 | | | | | | | | |
| 0 | 0 | 0 | 0 | | | | | | | |

Part 4 - Amended Reason

If this is an amended return, select one box indicating the reason. A separate Form MO-1120 must be filed for each reason.

- ☐ A. Missouri correction only ☐ B. Federal correction ☐ C. Loss carryback (complete Part 5)
- ☐ D. Federal tax credit carryback ☐ E. IRS audit (RAR)
- ☐ F. Missouri tax credit carryback - Enter on Part 5, Line 1 the first year that the credit became available.

Department Use Only A ☐ R ☐ N ☐ Enter date of federal amended return, if filed (MM/DD/YY)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Part 5 - Amended Return Loss Carryback or Federal Tax Credit Carryback

If this is an amended return and if a loss carryback, federal tax credit carryback or Missouri tax credit carryback is involved in this amended return, complete the following section. Consolidated federal and separate Missouri filers should report figures attributable to this separate Missouri return and attach a copy of the federal consolidated amended Form 1139 or Form 1120X showing the carryback or page 1 of the federal consolidated Form 1120 for the year of the loss to verify that only the separate company had the loss. Enclose a copy of the consolidated income statement for this year and the year of the loss. If NOL, federal tax credit carryback or Missouri tax credit carryback, enter year that the loss or credit first became available.

| | | | | | | | |
|---|---|---|---|---|---|---|-----|
| | | M | M | D | D | Y | Y |
| 1. Year of loss or credit | 1 | | | | | | |
| 2. Total net capital loss carryback | 2 | | | | | | .00 |
| 3. Total net operating loss carryback | 3 | | | | | | .00 |
| 4. Federal income tax adjustment - Consolidated federal and separate Missouri filers must attach computations | 4 | | | | | | .00 |

Form MO-1120 (Revised 12-2022)

Mail To:

E-mail: corporate@dor.mo.gov

Balance Due:

Missouri Department of Revenue
PO Box 3365
Jefferson City, MO 65105-3365

Visit dor.mo.gov/taxation/business/tax-types/corporation-income/ for additional information.

Phone: (573) 751-4541
Fax: (573) 522-1721

Refund or No Amount Due:

Missouri Department of Revenue
PO Box 700
Jefferson City, MO 65105-0700



22111041019

MISSOURI DEPARTMENT OF
REVENUE

Form
MO-MS

**2022 Corporation Allocation and
Apportionment of Income Schedule**

Department Use Only
(MM/DD/YY)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Attachment Sequence No. 1120-01

| | | | | | | | | | | | | | | | | | |
|---------------------------------|-------------------------|---|---|---|---|---|---|----------------------|---|---|---|---|---|---|---|---|---|
| Taxable Year | Beginning (MM/DD/YY) | 0 | 1 | 0 | 1 | 2 | 2 | Ending (MM/DD/YY) | 1 | 2 | 3 | 1 | 2 | 2 | | | |
| Missouri Tax I.D. Number | 0 | 1 | 4 | 2 | 2 | 2 | 5 | 7 | Do not complete this form if all income is from Missouri sources. | | | | | | | | |
| Federal Employer I.D. Number | * | * | * | * | * | * | * | * | Charter Number | 0 | 1 | 4 | 2 | 2 | 2 | 5 | 7 |
| Corporation Name | EATSTREET, INC. | | | | | | | | | | | | | | | | |

Apportionment Election

Select a box below and enter the method and the percentage calculated on Form MO-1120 for Line 9 Method and Percent.

☒ Two A - Receipts Factor Apportionment - **Section 143.455.2, RSMo** - (Complete Part 1)

Special Methods - See Instructions and Attach Detailed Explanation (if directed).

☐ Three - Transportation

☐ Four - Railroad

☐ Five - Interstate Bridge

☐ Six - Telephone and Telegraph

Complete lines 4-12 if you have either Nonapportionable Income or a Net Operating Loss on Federal Form 1120, Line 29a, **or both**.
Otherwise, enter Line 3 on Form MO-1120, Line 9 Percent.

| | | |
|----------------|-------------|-----------------|
| Missouri Miles | Total Miles | Percent |
| | | 0 0 0 . 0 0 0 % |

☐ Seven - Broadcasters or Other Approved Method - See Instructions and attach a detailed explanation (instructions).

For use with Method Two A or as directed by instructions.

| | | |
|--|---------------|-----|
| 1. Amount of receipts in Missouri | 45,425 | .00 |
| 2. Amount of receipts everywhere | 28,893,995 | .00 |
| 3. Receipts Factor - Divide Line 1 by Line 2 | 0 0 0 . 1 5 7 | % |

Note: Stop here unless you have either Nonapportionable Income or a Net Operating Loss on Federal Form 1120, Line 29A **or both**.
Enter Line 3 on Form MO-1120, Line 9 Percent.

| | | |
|--|---------------|-----|
| 4. Taxable income - All sources (Form MO-1120, Line 8) | | .00 |
| 5. Net Operating Loss (from Federal Form 1120, Line 29a) | | .00 |
| 6. Taxable Income - All Sources - Add Line 4 and Line 5 | | .00 |
| 7. Nonapportionable Income - Everywhere - Attach a detailed Form MO-NAI to be considered | | .00 |
| 8. Apportioned Missouri Income - Subtract Line 7 from Line 6, then multiply by Line 3 | | .00 |
| 9. Nonapportionable Income - Missouri-allocated - Attach a detailed Form MO-NAI to be considered | | .00 |
| 10. Apportioned Net Operating Loss - See Instructions | | .00 |
| 11. Preliminary Missouri Taxable Income - Add Lines 8 and 9, then subtract Line 10 | | .00 |
| 12. Divide Line 11 by Line 4. Enter on Form MO-1120, Line 9 Percent | 0 0 0 . 0 0 0 | % |

261321 02-15-23

Form MO-MS (Revised 12-2022)

Balance Due:
P.O. Box 3365
Jefferson City, MO 65105-3365

Refund or No Amount Due:
P.O. Box 700
Jefferson City, MO 65105-0700



| MO-1120 | CORPORATION INCOME TAXES DEDUCTED | STATEMENT 1 |
|---------------------------------------|-----------------------------------|-------------|
| DESCRIPTION | | AMOUNT |
| COLORADO TAXES - BASED ON INCOME | | 701. |
| CONNECTICUT TAXES - BASED ON INCOME | | 1,500. |
| IOWA TAXES - BASED ON INCOME | | 19,000. |
| MASSACHUSETTS TAXES - BASED ON INCOME | | 4,000. |
| PENNSYLVANIA TAXES - BASED ON INCOME | | 6,500. |
| VIRGINIA TAXES - BASED ON INCOME | | 800. |
| TOTAL TO FORM MO-1120, PAGE 1, LINE 2 | | 32,501. |

| MO-1120 | INTEREST FROM EXEMPT FEDERAL OBLIGATIONS | STATEMENT 2 |
|--|--|-------------|
| DESCRIPTION | | AMOUNT |
| SECTION 163(J) INTEREST EXPENSE LIMITATI | | 2,819,995. |
| TOTAL TO FORM MO-1120, PAGE 3, PART 2, LINE 1A | | 2,819,995. |

TAX RETURN FILING INSTRUCTIONS

NORTH CAROLINA FORM CD-405

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|-----|
| Total tax | \$ | 200 |
| Less: payments and credits | \$ | 400 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| Overpayment | \$ | 200 |

Overpayment:

| | | |
|------------------------------|----|-----|
| Credit to your estimated tax | \$ | 200 |
| Other amount | \$ | 0 |
| Refunded to you | \$ | 0 |

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

NCDOR
P.O. Box 25000
Raleigh, NC 27640-0500

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

CD-419 (39)

8-21-19

**Application for
Corporate Income Tax Extension**

North Carolina Department of Revenue

GENERAL INSTRUCTIONS North Carolina law provides for an extension of time to file a North Carolina corporate tax return (Form CD-405, CD-401S, or CD-418). When timely filed, Form CD-419 extends the due date of the return by six months. An extension of time to file the return does not extend the time to pay the amount of tax due. If the taxpayer does not pay the full amount of tax due by the original due date of the return, interest and penalties will be assessed. (Note: For North Carolina income tax purposes, an income year that ends on any day other than the last day of the month is considered to end on the last day of the month nearest to the last day of the actual income year.)

To obtain an extension and pay any tax due, a taxpayer must file Form CD-419 by the original due date of the corporate tax return. A taxpayer can use the Department's website or mail the completed application to the address provided. The Department's website offers two electronic options, (1) an online filing and payment system, and (2) an eFile program. For more information, visit www.ncdor.gov.

IMPORTANT A corporation that is granted an automatic extension to file a federal income tax return is granted an automatic extension to file the corresponding State franchise and corporate income tax return. The corporation must certify on the State tax return that the corporation was granted a federal extension. If a corporation wants to make an extension payment, they may submit Form CD-419 with the payment.

Worksheet for Computation of Tax Paid with Application for Extension

| | |
|---|---------|
| 1. Total Franchise Tax Due (Minimum \$200.00) | 200.00 |
| 2. Franchise Tax Credits Taken (From Form CD-425) | 0.00 |
| 3. Net Franchise Tax Due Line 1 minus Line 2 | 200.00 |
| 4. Total Corporate Income Tax Due | 0.00 |
| 5. Estimated Income Tax Payments (Include any prior year's overpayment applied to current tax year) | 200.00 |
| 6. Corporate Income Tax Credits Taken (From Form CD-425) | 0.00 |
| 7. Net Corporate Income Tax Due Line 4 minus Line 5 and Line 6 | -200.00 |
| 8. Total Franchise and Corporate Income Tax Due with this Application Line 3 plus (or minus) Line 7 | |

FORM HAS BEEN ELECTRONICALLY FILED - KEEP FOR YOUR RECORDS

FOR YOUR RECORDS

Cut Here

269861 09-22-22

CD-419 (39)

8-13-13

Application for Corporate Income Tax Extension

North Carolina Department of Revenue

| | | | | | | | | | | | |
|------|-------|---|-------|---|----|---|-------|-------------------|----|----|----|
| FEIN | ***** | N | NP/TE | N | NF | N | CO/MA | Tax year starting | 01 | 01 | 22 |
| SOS | | | | | | | | and ending | 12 | 31 | 22 |

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0520

EATSTREET INC

44 E MIFFLIN ST STE 400

MADISON

WI 53713

Total Income Tax Due

\$

200.00

6420139010



12220 4543850930 0000000 06530

CD-419 (39)

8-21-19

**Application for
Franchise Tax Extension**

North Carolina Department of Revenue

GENERAL INSTRUCTIONS North Carolina law provides for an extension of time to file a North Carolina corporate tax return (Form CD-405, CD-401S, or CD-418). When timely filed, Form CD-419 extends the due date of the return by six months. An extension of time to file the return does not extend the time to pay the amount of tax due. If the taxpayer does not pay the full amount of tax due by the original due date of the return, interest and penalties will be assessed. (Note: For North Carolina income tax purposes, an income year that ends on any day other than the last day of the month is considered to end on the last day of the month nearest to the last day of the actual income year.)

To obtain an extension and pay any tax due, a taxpayer must file Form CD-419 by the original due date of the corporate tax return. A taxpayer can use the Department's website or mail the completed application to the address provided. The Department's website offers two electronic options, (1) an online filing and payment system, and (2) an eFile program. For more information, visit www.ncdor.gov.

IMPORTANT A corporation that is granted an automatic extension to file a federal income tax return is granted an automatic extension to file the corresponding State franchise and corporate income tax return. The corporation must certify on the State tax return that the corporation was granted a federal extension. If a corporation wants to make an extension payment, they may submit Form CD-419 with the payment.

Worksheet for Computation of Tax Paid with Application for Extension

| | |
|---|---------|
| 1. Total Franchise Tax Due (Minimum \$200.00) | 200.00 |
| 2. Franchise Tax Credits Taken (From Form CD-425) | 0.00 |
| 3. Net Franchise Tax Due Line 1 minus Line 2 | 200.00 |
| 4. Total Corporate Income Tax Due | 0.00 |
| 5. Estimated Income Tax Payments (Include any prior year's overpayment applied to current tax year) | 200.00 |
| 6. Corporate Income Tax Credits Taken (From Form CD-425) | 0.00 |
| 7. Net Corporate Income Tax Due Line 4 minus Line 5 and Line 6 | -200.00 |
| 8. Total Franchise and Corporate Income Tax Due with this Application Line 3 plus (or minus) Line 7 | |

FORM HAS BEEN ELECTRONICALLY FILED - KEEP FOR YOUR RECORDS

FOR YOUR RECORDS

Cut Here

269851 09-22-22

CD-419 (39)

8-13-13

Application for Franchise Tax Extension

North Carolina Department of Revenue

| | | | | | | |
|---|-------|-----|----------------------------|----------|------------|----------|
| FEIN | ***** | SOS | Tax year starting | 01 01 22 | and ending | 12 31 22 |
| EATSTREET INC | | | N NP/TE N NF N CO/MA | | | |
| 44 E MIFFLIN ST STE 400 MADISON WI 53713 | | | Total Franchise Tax Due | | \$ | 0.00 |

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0520

6410139007



12220 4543850930 0000000 05037

CD-405 (39)

C Corporation Tax Return 2022

8-18-22

North Carolina Department of Revenue

DOR Use Only

For calendar year 2022, or other tax year beginning

22 and ending

| | |
|--|--|
| EATSTREET, INC 1574 W BROADWAY ST STE 200 PMB1005 MADISON WI 53713 | Federal Employer ID Number ***** N.C. Secretary of State ID Number NAICS Code 722300 |
|--|--|

☐ Initial Return ☐ Short Year Return ☐ Captive REIT ☐ Non U.S./Foreign ☐ NC-Rehab ☐ NC-478 is attached
☐ Final Return ☐ Amended Return ☐ Tax Exempt ☐ Combined Return (Approved Taxpayers Only) ☐ Has Escheatable Property

Federal Extension Were you granted an automatic extension to file your 2022 federal income tax return (Form 1120)?

☐ Yes ☒ No

EATS 1574 53713 ***** 722300

PP ***** PFSP F IR N FR N SR N AR N

TN 8666548777 RE N TE N NF N CR N NCR N 478 N EP N FDEXT N

EATSTREET INC

1574 W BROADWAY ST STE 200 PMB1005 MADISON WI 53713

| | | | | | | | |
|-----|-----|----|----------|-----|-----|-----|-----|
| GR | 0 | 07 | -5131799 | 19 | 0 | 31 | 0 |
| TA | 0 | 08 | -31954 | 21 | 0 | EU | |
| 01 | 0 | 10 | 0 | 23 | 0 | 32A | 0 |
| HCE | N | 12 | 0 | 24A | 200 | 32B | 0 |
| 02 | 200 | 13 | -5163753 | 24B | 200 | 35 | 200 |
| 03 | 0 | 14 | 0006951 | 24C | 0 | 36 | 0 |
| 04 | 0 | 15 | -35893 | 24D | 0 | 37 | 0 |
| 05 | 200 | 16 | 0 | 24E | 0 | 38 | 0 |
| 06 | 0 | 17 | -35893 | 26 | 0 | | |
| | | 18 | 0 | 27 | 400 | | |

Sch. A Computation of Franchise Tax

| | | | |
|---|-----|---------------------------|-----|
| 1. Net Worth | 0 | 4. Tax Credits | 0 |
| Holding Company Exception | N | 5. Franchise Tax Due | 200 |
| 2. Total Franchise Tax Due | 200 | 6. Franchise Tax Overpaid | 0 |
| 3. Payment with Franchise Tax Extension | 0 | | |

I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

☐ Refund Due0 ☐ Payment Due 0

☒ Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

CEO

866-654-8777

Signature and Title of Officer:

Date

Corporate Phone Number

PAID PREPARER USE ONLY

If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.

DANIEL T. O'CONNOR, CPA

608.249.6622

Signature of Paid Preparer:

Date

Preparer's Phone Number

-***

Preparer's FEIN, SSN, or PTIN

☒ FEIN
☐ SSN
☐ PTIN

CD-405 2022 Page 2 (39)

Legal Name (First 10 Characters)

EATSTREET,

Federal Employer ID Number

CD-405 Line-by-Line Information

N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of

0

| Sch. B Computation of Corporate Income Tax | Sch. C Net Worth |
|---|---|
| 7. Federal Taxable Income Before NOL -5131799 | 4. Accumulated depreciation, depletion, and amortization permitted for income tax purposes (Attach sch) 3214951 |
| 8. Adjustments to Federal Taxable Income -31954 | 5. Line 3 minus Line 4 -13624275 |
| 9. Net Income Before Contributions -5163753 | 6. Affiliated indebtedness (Attach schedule) 0 |
| 10. Contributions to Donees Outside N.C. 0 | 7. Line 5 plus (or minus) Line 6 -13624275 |
| 11. N.C. Taxable Income -5163753 | 8. Apportionment factor 0.6951% |
| 12. Nonapportionable Income 0 | 9. Net Worth -94702 |
| 13. Apportionable Income -5163753 | |
| 14. Apportionment Factor 0.6951% | Sch. G Federal Taxable Income Before NOL Deduction |
| 15. Income Apportioned to N.C. -35893 | 1. a. Gross receipts or sales 0 |
| 16. Nonapportionable Income Allocated to N.C. 0 | b. Returns and allowances 0 |
| 17. Income Subject to N.C. Tax -35893 | c. Balance - Line 1a minus Line 1b 0 |
| 18. % Depletion over Cost - N.C. Property 0 | 2. Cost of goods sold (Attach schedule) 0 |
| 19. State Net Loss (Attach schedule) 0 | 3. Gross Profit (Line 1c minus Line 2) 0 |
| 20. Income Before Contributions to N.C. Donees -35893 | 4. Dividends (Attach schedule) 0 |
| 21. Contributions to N.C. Donees 0 | 5. a. Interest on obligations of U.S. and its instrumentalities 0 |
| 22. Net Taxable Income -35893 | b. Other interest 0 |
| 23. N.C. Net Income Tax 0 | 6. Gross rents 0 |
| 24. Payments and Credits | 7. Gross royalties (Attach schedule) 0 |
| a. Income Tax Extension 200 | 8. Capital gain net income (Attach schedule) 0 |
| b. 2022 Estimated Tax 200 | 9. Net gain (loss) (Attach schedule) 0 |
| (previous payments if amended) | 10. Other income (Attach schedule) 0 |
| c. Partnership (include Form D-403, NC K-1) 0 | 11. Total Income 0 |
| d. Nonresident Withholding (include 1099 or W-2) 0 | 12. Compensation of officers (Attach sch., including addresses) 0 |
| e. Tax Credits 0 | 13. Salaries and wages (less employment credits) 0 |
| 25. Add Lines 24a through 24e 400 | 14. Repairs and maintenance 0 |
| 26. Income Tax Due 0 | 15. Bad debts 0 |
| 27. Income Tax Overpaid 400 | 16. Rents 0 |
| | 17. Taxes and licenses 0 |
| Tax Due or Refund | 18. Interest 0 |
| 28. Franchise Tax Due or Overpayment 200 | 19. Charitable contributions 0 |
| 29. Income Tax Due or Overpayment -400 | 20. a. Depreciation 0 |
| 30. Balance of Tax Due or Overpayment -200 | b. Depreciation included in cost of goods sold 0 |
| 31. Underpayment of Estimated Income Tax 0 | c. Balance - Line 20a minus 20b 0 |
| EU. Exception to Underpayment of Estimated Tax | 21. Depletion 0 |
| 32. a. Interest 0 | 22. Advertising 0 |
| b. Penalties 0 | 23. Pension, profit-sharing, and similar plans 0 |
| c. Add Lines 32a and 32b 0 | 24. Employee benefit programs 0 |
| 33. Total Due 0 | 25. Reserved for future use |
| 34. Overpayment 200 | 26. Other deductions (Attach schedule) 0 |
| 35. 2023 Estimated Income Tax 200 | 27. Total Deductions 0 |
| 36. N.C. Nongame and Endangered Wildlife Fund 0 | 28. Taxable Income Per Federal Return Before NOL and Special Deductions 0 |
| 37. N.C. Education Endowment Fund 0 | 29. Special Deductions 0 |
| 38. Amount to be Refunded 0 | 30. Federal Taxable Income Before NOL 0 |
| | |
| Sch. C Net Worth | |
| 1. Total assets 7701964 | |
| 2. Total liabilities 18111288 | |
| 3. Line 1 minus Line 2 -10409324 | |

CD-405 2022 Page 3 (39)

Legal Name (First 10 Characters) **EATSTREET,** Federal Employer ID Number *********

Sch. H Adjustments to Federal Taxable Income

| | | |
|---|-----|------------------------|
| 1. Additions | | |
| a. Taxes based on net income | 1a. | 32501 |
| b. Contributions | 1b. | 0 |
| c. Royalties to related members | 1c. | 0 |
| d. Net interest expense to related members | 1d. | 0 |
| e. Expenses attributable to income not taxed | 1e. | 0 |
| f. Bonus depreciation | 1f. | 0 |
| g. Section 179 expense deduction | 1g. | 0 |
| h. Other (Attach schedule) | 1h. | 3699 |
| | | SEE STATEMENT 3 |
| 2. Total Additions | 2. | 36200 |
| 3. Deductions | | |
| a. U.S. obligation interest (net of expenses) (Attach schedule) | 3a. | 0 |
| b. Other deductible dividends | 3b. | 0 |
| c. Royalties received from related members | 3c. | 0 |
| d. Qualified interest expense to related members | 3d. | 0 |
| e. Bonus depreciation | 3e. | 0 |
| f. Section 179 expense deduction | 3f. | 0 |
| g. Other (Attach schedule) | 3g. | 68154 |
| | | SEE STATEMENT 4 |
| 4. Total Deductions | 4. | 68154 |
| 5. Adjustments to Federal Taxable Income | 5. | -31954 |

Sch. I Contributions

| | | |
|---|-----|---|
| 1. Contributions to Donees Outside N.C. | | |
| a. Total contributions to donees outside N.C. | 1a. | 0 |
| b. Multiply Schedule B, Line 9 by 5%, if Line 9 is greater than zero. Otherwise enter zero. | 1b. | 0 |
| c. Amount Deductible | 1c. | 0 |
| 2. Contributions to N.C. Donees | | |
| a. Total contributions to N.C. donees other than those listed in Line 2d | 2a. | 0 |
| b. Multiply Sch. B, Line 20 by 5%, if Line 20 is greater than zero. Otherwise enter zero. | 2b. | 0 |
| c. Enter the lesser of Line 2a or 2b | 2c. | 0 |
| d. Total contributions to the State of N.C. and its political subdivisions | 2d. | 0 |
| e. Amount Deductible | 2e. | 0 |

Sch. F Other Information - All Taxpayers Must Complete this Schedule

| | | | |
|--|---------------------|---|----------|
| 1. a. State of incorporation | WI | 8. Is this corporation subject to franchise tax but not N.C. income tax because the corporation's income tax activities are protected under P.L. 86-272? (If yes, attach explanation) | N |
| b. Date incorporated | 01 01 12 | 9. Officers' names and addresses: | |
| 2. Date of N.C. Certificate of Authority | | President | |
| 3. a. Reg or principal trade or bus. in N.C. | INTERNET SAL | Vice-President | |
| b. Reg or principal trade or bus. everywhere | INTERNET SAL | Secretary | |
| 4. Principal place bus. is directed or managed | MADISON | Treasurer | |
| 5. What was the last year the IRS redetermined the corporation's federal taxable income? | | | |
| 6. a. Were adjustments reported to N.C.? | N | | |
| b. If so, when? | | | |
| 7. Does this corporation finance or discount its receivables through a related or an affiliated company? | N | | |

Explanation of Changes for Amended Return:

CD-405 2022 Page 4 (39)

Legal Name (First 10 Characters)

EATSTREET,

Federal Employer ID Number

Sch. L Balance Sheet per Books

| Assets | Beginning of Tax Year | | End of Tax Year | |
|---|-----------------------|-----|-----------------|-----|
| | (a) | (b) | (c) | (d) |
| 1. Cash | | 0 | | 0 |
| 2. a. Trade notes and accounts receivable | 0 | | 0 | |
| b. Less allowance for bad debts (| 0) | 0 (| 0) | 0 |
| 3. Inventories | | 0 | | 0 |
| 4. a. U.S. government obligations | | 0 | | 0 |
| b. State and other obligations | | 0 | | 0 |
| 5. Tax-exempt securities | | 0 | | 0 |
| 6. Other current assets (Attach end of year sch) | | 0 | | 0 |
| 7. Loans to shareholders | | 0 | | 0 |
| 8. Mortgage and real estate loans | | 0 | | 0 |
| 9. Other investments (Attach end of year sch) | | 0 | | 0 |
| 10. a. Buildings and other depreciable assets | 0 | | 0 | |
| b. Less accumulated depreciation (| 0) | 0 (| 0) | 0 |
| 11. a. Depletable assets | 0 | | 0 | |
| b. Less accumulated depletion (| 0) | 0 (| 0) | 0 |
| 12. Land (net of any amortization) | | 0 | | 0 |
| 13. a. Intangible assets (amortizable only) | 0 | | 0 | |
| b. Less accumulated amortization (| 0) | 0 (| 0) | 0 |
| 14. Other assets (Attach end of year sch.) | | 0 | | 0 |
| 15. Total Assets | | 0 | | 0 |
| Liabilities and Shareholders' Equity | | | | |
| 16. Accounts payable | | 0 | | 0 |
| 17. Mortgages, notes, and bonds payable in less than 1 year | | 0 | | 0 |
| 18. Other current liabilities (Attach end of year schedule) | | 0 | | 0 |
| 19. Loans from shareholders | | 0 | | 0 |
| 20. Mortgages, notes, and bonds payable in 1 year or more | | 0 | | 0 |
| 21. Other liabilities (Attach end of year schedule) | | 0 | | 0 |
| 22. Capital stock: a. Preferred Stock | 0 | | 0 | |
| b. Common Stock | 0 | 0 | 0 | 0 |
| 23. Additional paid-in capital | | 0 | | 0 |
| 24. Retained earnings - Appropriated (Attach end of year schedule) | | 0 | | 0 |
| 25. Retained earnings - Unappropriated | | 0 | | 0 |
| 26. Adjustments to shareholders' equity (Attach end of year schedule) | | 0 | | 0 |
| 27. Less cost of treasury stock | (| 0) | (| 0) |
| 28. Total Liabilities and Shareholders' Equity | | 0 | | 0 |

Sch. M-1 Reconciliation of Income (Loss) per Books with Income per Return

| | | | |
|---|-----------|--|----------|
| 1. Net income (loss) per books | -13410262 | 7. Income recorded on books this year | |
| 2. Federal income tax | 0 | not included on this return: | |
| 3. Excess of capital losses over capital gains | 0 | Tax-exempt interest \$ | 0 |
| 4. Income subject to tax not recorded on books this year: | | STMT 5 | |
| | 0 | | 319125 |
| 5. Expenses recorded on books this year | | 8. Deductions on this return not charged | |
| not deducted on this return: | | against book income this year: | |
| a. Depreciation \$ | 421557 | a. Depreciation \$ | 0 |
| b. Charitable Contributions \$ | 0 | b. Charitable Contributions \$ | 0 |
| c. Travel and entertainment \$ | 17417 | | |
| STMT 6 | | | 0 |
| | 8597588 | 9. Add Lines 7 and 8 | 319125 |
| 6. Add Lines 1 through 5 | -4812674 | 10. Income | -5131799 |

This page must be filed with
this form.

CD-405 2022 Page 5 (39)

Legal Name (First 10 Characters) EATSTREET, Federal Employer ID Number *****

Sch. M-2 Retained Earnings Analysis

| | | | |
|---------------------------------|---|---------------------------|---|
| 1. Balance at beginning of year | 0 | 5. Distributions: a. Cash | 0 |
| 2. Net income (loss) per books | 0 | b. Stock | 0 |
| 3. Other increases: | | c. Property | 0 |
| | | 6. Other decreases: | 0 |
| | 0 | 7. Add Lines 5 and 6 | 0 |
| 4. Add Lines 1, 2, and 3 | 0 | 8. Balance at End of Year | 0 |

Sch. N Nonapportionable Income

| (A) Nonapportionable Income | (B) Gross Amounts | (C) Related Expenses | (D) Net Amounts | (E) Net Amounts Allocated Directly to N.C. |
|--|-------------------|----------------------|-----------------|--|
| | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 |
| 1. Nonapportionable Income | | | 0 | |
| 2. Nonapportionable Income Allocated to N.C. | | | | 0 |

Explanation of why income listed is nonapportionable income rather than apportionable income:

Sch. O Computation of Apportionment Factor

Part 1. Domestic and Other Corporations Not Apportioning Franchise or Income Outside N.C. 0.0000%

Part 2. Corporations Apportioning Franchise or Income to N.C. and to Other States

| | 1. Within North Carolina | 2. Total Everywhere |
|--|--------------------------|---------------------|
| 1. Gross Receipts Subject to Apportionment | 0 | 0 |
| 2. Gross Rents Subject to Apportionment | 0 | 0 |
| 3. Gross Royalties Subject to Apportionment | 0 | 0 |
| 4. Dividends Subject to Apportionment | 0 | 0 |
| 5. Interest Subject to Apportionment | 0 | 0 |
| 6. Other Apportionable Income | 200845 | 28893995 |
| 7. Share of Receipts from Noncorporate Entities Subject to Apportionment | 0 | 0 |
| 8. Total | 200845 | 28893995 |
| 9. N.C. Apportionment Factor | | 0.6951% |

Part 3. Special Apportionment Formulas 0.0000%

This page must be filed with this form.

NC SCH B CURRENT YEAR STATE INCOME/LOSS AND SNL DEDUCTION STATEMENT 1

1) INCOME BEFORE APPORTIONMENT -5,163,753.
2) TAX EXEMPT MUNICIPAL INTEREST 0.
3) U.S. INTEREST 0.
4) DEDUCTIBLE PORTION OF DIVIDENDS 0.
5) DEDUCTIBLE PORTION OF PRIOR YEAR CAPITAL LOSS 0.
6) OTHER TAX EXEMPT INCOME 0.
7) INCOME BEFORE APPORTIONMENT AND TAX EXEMPT INCOME -5,163,753.
8) NONBUSINESS INCOME (MULTISTATE CORPORATIONS ONLY) 0.
9) OTHER DEDUCTIONS FROM TAX EXEMPT INCOME 0.
10) TOTAL BUSINESS INCOME -5,163,753.
(IF ALL BUSINESS IS IN N.C. SKIP TO LINE 20)

MULTISTATE CORPORATIONS

11) APPORTIONMENT PERCENT .6951%
12) APPORTIONED BUSINESS INCOME -35,893.
13) APPORTIONABLE NORTH CAROLINA NONBUSINESS INCOME
14) APPORTIONED NORTH CAROLINA NONBUSINESS INCOME
15) OTHER APPORTIONABLE ADJUSTMENTS 0.
16) NONBUSINESS INCOME ALLOCATED TO NORTH CAROLINA
17) NONBUSINESS INCOME NOT TAXABLE TO NORTH CAROLINA 0.
18) APPORTIONED NONBUSINESS INCOME NOT TAXABLE TO NC 0.
19) CONTRIBUTIONS TO NORTH CAROLINA DONEES 0.
20) TOTAL STATE NET INCOME (LOSS) -35,893.
21) STATE NET INCOME AS TAXABLE INCOME -35,893.

STATE NET LOSS DEDUCTION:

| | STATE NET LOSS | TAXABLE INCOME LOSS SUSTAINED | NON TAXABLE LOSS SUSTAINED |
|------|-------------------|----------------------------------|-------------------------------|
| 2007 | 0. | 0. | 0. |
| 2008 | 0. | 0. | 0. |
| 2009 | 0. | 0. | 0. |
| 2010 | 0. | 0. | 0. |
| 2011 | 0. | 0. | 0. |
| 2012 | 0. | 0. | 0. |
| 2013 | 0. | 0. | 0. |
| 2014 | 0. | 0. | 0. |
| 2015 | 0. | 0. | 0. |
| 2016 | 132,425. | 132,425. | 0. |
| 2017 | 169,983. | 169,983. | 0. |
| 2018 | 122,781. | 122,781. | 0. |
| 2019 | 90,530. | 90,530. | 0. |
| 2020 | 0. | 0. | 0. |
| 2021 | 89,224. | 89,224. | 0. |

| NC SCH B | STATE NET LOSS (CONTINUED) | | STATEMENT 2 |
|---------------------------------|----------------------------|-------------------------|-----------------------------|
| | LOSS PREVIOUSLY APPLIED | TAXABLE LOSS APPLIED | NON TAXABLE LOSS APPLIED |
| 2007 | 0. | 0. | 0. |
| 2008 | 0. | 0. | 0. |
| 2009 | 0. | 0. | 0. |
| 2010 | 0. | 0. | 0. |
| 2011 | 0. | 0. | 0. |
| 2012 | 0. | 0. | 0. |
| 2013 | 0. | 0. | 0. |
| 2014 | 0. | 0. | 0. |
| 2015 | 0. | 0. | 0. |
| 2016 | 65,947. | 65,947. | 0. |
| 2017 | 0. | 0. | 0. |
| 2018 | 0. | 0. | 0. |
| 2019 | 0. | 0. | 0. |
| 2020 | 0. | 0. | 0. |
| 2021 | 0. | 0. | 0. |
| | REMAINING | REMAINING | LOSS REMAINING |
| 2007 | 0. | 0. | 0. |
| 2008 | 0. | 0. | 0. |
| 2009 | 0. | 0. | 0. |
| 2010 | 0. | 0. | 0. |
| 2011 | 0. | 0. | 0. |
| 2012 | 0. | 0. | 0. |
| 2013 | 0. | 0. | 0. |
| 2014 | 0. | 0. | 0. |
| 2015 | 0. | 0. | 0. |
| 2016 | 66,478. | 66,478. | 0. |
| 2017 | 169,983. | 169,983. | 0. |
| 2018 | 122,781. | 122,781. | 0. |
| 2019 | 90,530. | 90,530. | 0. |
| 2020 | 0. | 0. | 0. |
| 2021 | 89,224. | 89,224. | 0. |
| TOTAL | 538,996. | 538,996. | 0. |
| TOTAL REMAINING LOSS | | | 538,996. |
| TOTAL AVAILABLE LOSS | | | 538,996. |
| CURRENT YEAR STATE GAIN OR LOSS | | | -35,893. |
| STATE NET LOSS DEDUCTION | | | 0. |

| NC SCH H | OTHER ADDITIONS | STATEMENT 3 |
|---|-----------------|-------------|
| DESCRIPTION | | AMOUNT |
| DEPRECIATION ADJUSTMENT | | 3,699. |
| TOTAL TO FORM CD-405, PAGE 3, SCHEDULE H, LINE 1H | | 3,699. |

| NC SCH H | OTHER DEDUCTIONS | STATEMENT 4 |
|---|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| DISPOSAL OF FIXED ASSETS | | 68,154. |
| TOTAL TO FORM CD-405, PAGE 3, SCHEDULE H, LINE 3G | | 68,154. |

| NC SCH M-1 | INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN | STATEMENT 5 |
|--|---|-------------|
| DESCRIPTION | | AMOUNT |
| GAIN (LOSS) ON SALE OF ASSETS NOT ON RETURN | | 319,125. |
| TOTAL TO FORM CD-405, PAGE 4, SCHEDULE M-1, LINE 7 | | 319,125. |

| NC SCH M-1 | EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN | STATEMENT 6 |
|--|---|-------------|
| DESCRIPTION | | AMOUNT |
| INTEREST EXPENSE | | 2,819,995. |
| OTHER AMORTIZATION OR IMPAIRMENT WRITE-OFFS | | 315,262. |
| RENTS | | 144,127. |
| SALARIES AND WAGES | | 4,879,230. |
| TOTAL TO FORM CD-405, PAGE 4, SCHEDULE M-1, LINE 5 | | 8,158,614. |

Form **8990**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Limitation on Business Interest Expense Under Section 163(j)

Attach to your tax return.

NC

OMB No. 1545-0123

Go to www.irs.gov/Form8990 for instructions and the latest information.

| | |
|--|--|
| Taxpayer name(s) shown on tax return EATSTREET, INC. | Identification number ** - ***5093 |
|--|--|

A If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:

Name of foreign entity _____

Employer identification number, if any _____

Reference ID number _____

B Is the foreign entity a CFC group member? See instructions ☐ Yes ☐ No

C Is this Form 8990 filed by the specified group parent for an entire CFC group? See instructions ☐ Yes ☐ No

D Has a CFC or a CFC group made a safe harbor election? If yes, see instructions for which lines of Form 8990 to complete ☐ Yes ☐ No

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section I - Business Interest Expense

| | | | |
|---|----------|-------------------|--|
| 1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation | 1 | 2,819,995. | |
| 2 Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership) | 2 | | |
| 3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h)) | 3 | | |
| 4 Floor plan financing interest expense. See instructions | 4 | | |
| 5 Total business interest expense. Add lines 1 through 4 | 5 | 2,819,995. | |

Section II - Adjusted Taxable Income

Tentative Taxable Income

| | | |
|---|----------|--------------------|
| 6 Tentative taxable income. See instructions | 6 | -5,147,663. |
|---|----------|--------------------|

Additions (adjustments to be made if amounts are taken into account on line 6)

| | | | |
|--|-----------|--|--|
| 7 Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions | 7 | | |
| 8 Any business interest expense not from a pass-through entity. See instr. | 8 | | |
| 9 Amount of any net operating loss deduction under section 172 | 9 | | |
| 10 Amount of any qualified business income deduction allowed under section 199A | 10 | | |
| 11 Reserved for future use | 11 | | |
| 12 Amount of any loss or deduction items from a pass-through entity. See instructions | 12 | | |
| 13 Other additions. See instructions | 13 | | |
| 14 Total current year partner's excess taxable income (Schedule A, line 44, column (f)) | 14 | | |
| 15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) | 15 | | |
| 16 Total. Add lines 7 through 15 | 16 | | |

Reductions (adjustments to be made if amounts are taken into account on line 6)

| | | | |
|--|-----------|-----|--|
| 17 Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions | 17 | () | |
| 18 Any business interest income not from a pass-through entity. See instructions | 18 | () | |
| 19 Amount of any income or gain items from a pass-through entity. See instructions | 19 | () | |
| 20 Other reductions. See instructions | 20 | () | |
| 21 Total. Combine lines 17 through 20 | 21 | () | |
| 22 Adjusted taxable income. Combine lines 6, 16, and 21. See instructions | 22 | | |

LHA For Paperwork Reduction Act Notice, see the instructions.

223211 01-25-23

Form **8990** (Rev. 12-2022)

Section III - Business Interest Income

| | | | | |
|-----------|--|-----------|-----------|--|
| 23 | Current year business interest income. See instructions | 23 | | |
| 24 | Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d)) | 24 | | |
| 25 | Total. Add lines 23 and 24 | | 25 | |

Section IV - Section 163(j) Limitation Calculations**Limitation on Business Interest Expense**

| | | | | |
|-----------|--|-----------|-----------|--|
| 26 | Multiply the adjusted taxable income from line 22 by the applicable percentage. See instructions | 26 | | |
| 27 | Business interest income (line 25) | 27 | | |
| 28 | Floor plan financing interest expense (line 4) | 28 | | |
| 29 | Total. Add lines 26, 27, and 28 | | 29 | |

Allowable Business Interest Expense

| | | | |
|-----------|---|-----------|--|
| 30 | Total current year business interest expense deduction. See instructions | 30 | |
|-----------|---|-----------|--|

Carryforward

| | | | |
|-----------|--|-----------|-------------------|
| 31 | Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.) | 31 | 2,819,995. |
|-----------|--|-----------|-------------------|

Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

| | | | |
|-----------|--|-----------|--|
| 32 | Excess business interest expense. Enter amount from line 31 | 32 | |
|-----------|--|-----------|--|

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

| | | | |
|-----------|--|-----------|--|
| 33 | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) | 33 | |
| 34 | Subtract line 33 from line 26. (If zero or less, enter -0-.) | 34 | |
| 35 | Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) | 35 | |
| 36 | Excess taxable income. Multiply line 35 by line 22 | 36 | |

Excess Business Interest Income

| | | | |
|-----------|---|-----------|--|
| 37 | Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) | 37 | |
|-----------|---|-----------|--|

Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

| | | | |
|-----------|--|-----------|--|
| 38 | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) | 38 | |
| 39 | Subtract line 38 from line 26. (If zero or less, enter -0-.) | 39 | |
| 40 | Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) | 40 | |
| 41 | Excess taxable income. Multiply line 40 by line 22 | 41 | |

Excess Business Interest Income

| | | | |
|-----------|---|-----------|--|
| 42 | Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) | 42 | |
|-----------|---|-----------|--|

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CBT-100

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

Not applicable

Amount of Tax:

| | | |
|------------------------------|----|-------|
| Total tax | \$ | 1,000 |
| Less: payments and credits | \$ | 3,000 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| Overpayment | \$ | 2,000 |

Overpayment:

| | | |
|------------------------------|----|-------|
| Credit to your estimated tax | \$ | 2,000 |
| Other amount | \$ | 0 |
| Refunded to you | \$ | 0 |

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

The New Jersey return has been prepared for electronic filing. No further action is required.

Return Must be Mailed On or Before:

Return to us by November 15, 2023.

Special Instructions:

**CORPORATION BUSINESS TAX
APPLICATION FOR EXTENSION
OF TIME TO FILE WORKSHEET**

CBT-200-TC

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY
CORPORATION BUSINESS TAX ELECTRONICALLY**

You need to pay the tax by one of these methods:

1. **Electronic Check or Credit Card:** Visit www.njtaxation.org and select "Make a Payment."
2. **Electronic Funds Transfer (EFT):** To register visit www.nj.gov/treasury/revenue/eft1.shtml

If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

**RETURN MUST BE FILED ONLINE OR E-FILED.
This form cannot be paper filed - this
copy is for informational purposes only.**

Corporation Business Tax Application for Extension of Time to File Worksheet
CBT-200-TC

Beginning 01/01/2022 and ending 12/31/2022

2022
--***/** EATS
EATSTREET, INC.
1574 W BROADWAY ST STE 200 #PMB100
MADISON, WI 53713

Payments should be made electronically.

| | | |
|---|----|---------|
| 1. Estimated Corporation Business Tax | 1. | 1000.00 |
| 2. Installment Payment (50% of Line 1) | 2. | .00 |
| 3. Key Corporation AMA | 3. | .00 |
| 4. Tentative Profession Corporation Fee | 4. | .00 |
| 5. Installment Payment for PC Fee (50% of Line 4) | 5. | .00 |
| 6. Total Tax and Fee Due | 6. | 1000.00 |
| 7. Less Payments to date | 7. | 2000.00 |
| 8. Balance Due (Line 6 minus Line 7) | 8. | .00 |

2022
CBT-100**New Jersey Corporation Business Tax Return**
For Tax Years Ending On or After July 31, 2022, Through June 30, 2023

1019

Tax year beginning JAN 1, 2022 and ending DEC 31, 2022

| | | |
|---|---|---|
| FEDERAL EMPLOYER I.D. NUMBER ***-**-****/**** | N.J. CORPORATION NUMBER 4543-8509-30 | State and date of incorporation <u>WI</u> 01 01 2012 |
| CORPORATION NAME EATSTREET INC | | Date authorized to do business in New Jersey <u>01012016</u> |
| MAILING ADDRESS 1574 W BROADWAY ST STE 200 PMB1005 | | Federal business activity code <u>722300</u> |
| CITY MADISON | STATE WI | ZIP CODE 53713 |
| Check applicable return type: <input type="checkbox"/> Initial <input type="checkbox"/> Amended | | Corporation books are in the care of <u>STEVE ANASTASI</u> at <u>1574 W BROADWAY ST STE 20</u> |
| Enter Amended Code: _____ If code 10, enter reason: _____ | | Phone Number <u>8666548777</u> |
| | | Check if applicable (see instructions): <input type="checkbox"/> Investment Company <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Real Estate Investment Trust <input type="checkbox"/> Regulated Invest. Company <input type="checkbox"/> Federal 1120-S Filer <input type="checkbox"/> Claiming P.L. 86-272 |

| | | |
|---|------|--------|
| 1. Tax Base - Enter amount from line 4 of Schedule A, Part III | 1. | 0. |
| 2. Amount of Tax - Multiply line 1 by the applicable tax rate (see instructions) | 2. | |
| 3. Tax Credits - Enter amount from Schedule A-3, Part I, line 30 (see instructions) | 3. | |
| 4. CBT TAX LIABILITY - Subtract line 3 from line 2 | 4. | 0. |
| 5. a. Surtax on taxable net income - Multiply the amount on Schedule A, Part III, line 2a, 2b, or 2c (whichever is applicable) by the applicable surtax rate (see instructions) | 5a. | 0. |
| b. Pass-Through Business Alternative Income Tax Credit from Form 329 (see instructions) (Amount entered cannot be more than amount on line 5a) | 5b. | 0. |
| c. Balance of surtax - Subtract line 5b from line 5a | 5c. | 0. |
| 6. a. Enter the total minimum tax (see instructions) | 6a. | 1,000. |
| b. Tax Due - Add line 5c to the greater of line 4 or line 6a (see instructions) | 6b. | 1,000. |
| 7. Installment Payment - Only applies if line 6b is \$500 or less (see instructions) | 7. | |
| 8. Professional Corporation Fees (from Schedule PC, line 7) | 8. | 0. |
| 9. TOTAL TAX AND PROFESSIONAL CORPORATION FEES - Add lines 6b, 7, and 8 | 9. | 1,000. |
| 10. a. Payments and Credits (see instructions) | 10a. | 3,000. |
| b. Payments made by partnerships on behalf of taxpayer (include copies of all NJK-1s) | 10b. | |
| c. Refundable Tax Credits from Schedule A-3, Part II, line 6 (see instructions) | 10c. | |
| d. Total Payments and Credits - Add lines 10a, 10b, and 10c | 10d. | 3,000. |
| 11. Balance of Tax Due - If line 10d is less than line 9, subtract line 10d from line 9 | 11. | |
| 12. Penalty and Interest Due (see instructions) | 12. | |
| 13. Total Balance Due - Add line 11 and line 12 | 13. | |
| 14. Amount Overpaid - If line 10d is greater than the sum of line 9 and 12, enter amount of overpayment | 14. | 2,000. |
| 15. Amount of line 14 to be Refunded | 15. | |
| 16. Amount of line 14 to be Credited to 2023 Tax Return | 16. | 2,000. |
| 17. Amount of line 14 to be Credited to a Combined Group and tax year to which it is to be applied <input type="checkbox"/> 2022 or <input type="checkbox"/> 2023 | 17. | |
| Unitary ID Number NU | | |

CERTIFICATION OF INACTIVITY (See Instructions)

If the corporation is inactive, page 1, the Annual General Questionnaire, and Schedules A (Parts I, II, and III), A-2, A-3, and A-4 must be completed. A corporate officer must sign and certify below:

☐ By marking the check box to the left, I certify that the corporation did not conduct any business, did not have any income, receipts, or expenses, and did not own any assets during the entire period covered by the tax return.

(Date) (Signature of Corporate Officer) (Title)

RETURN MUST BE FILED ONLINE OR E-FILED

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, forms, and statements, and to the best of my knowledge and belief, this return and the accompanying schedules, forms, and statements are true and correct. I understand that anyone who furnishes false or misleading information on a tax return or who omits material or information on a tax return is guilty of tax evasion, fraud, or willful neglect or disregard of the law. I understand that anyone who prepares a tax return for another person who is not the taxpayer, the declaration is based on all information of which the preparer has any knowledge.

This form cannot be paper filed - this copy is for informational purposes only.

(Date) (Signature of Duty Authorized Officer of Taxpayer) (Title)

(Date) (Signature of Individual Preparing Return) (Address) (Preparer's ID Number)

(Name of Tax Preparer's Employer) **BAKER TILLY US, LLP** *******9910**

(Address) (Employer's ID Number)

PO BOX 7398 **MADISON, WI 53707-7398**

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

EATSTREET, INC.

*** - *** - *** / ***

ANNUAL GENERAL QUESTIONNAIRE (See Instructions)**PART I** All taxpayers must answer the following questions. Riders must be provided where necessary.1. Type of business **INTERNET SALES**Principal products handled **SERVICE**2. State the location of the actual seat of management or control of the corporation **MADISON, WISCONSIN**

3. Did one or more other corporations own beneficially, or control, a majority of the stock of taxpayer corporation or did the same interests own beneficially, or control, a majority of the stock of taxpayer corporation and of one or more other corporations? ☐ Yes. Provide a rider indicating the name and FEIN of the controlled corporation, the name and FEIN of the controlling/parent corporation, and the percentage of stock owned or controlled. OR ☒ No.

4. These questions must be answered by corporations with a controlling interest in certain commercial property.

a. During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling interest in certain commercial property? ☐ Yes. Answer question 4b below. OR ☐ No.

b. Was the CITT-1, Controlling Interest Transfer Tax, filed with the Division of Taxation?

☐ Yes. Provide a rider indicating the information and include a copy of the CITT-1 OR ☐ No. Provide a rider indicating the name and FEIN of the transferee, the name and FEIN of the transferor, and the assessed value of the property.

5. Does this corporation own any Qualified Subchapter S Subsidiaries (QSSS)? ☐ Yes. Provide a rider indicating the name, address, and FEIN of the subsidiary, whether the subsidiary made a New Jersey QSSS election, and whether the activities of the subsidiary are included in this return. OR ☒ No.

6. If the taxpayer is a unitary subsidiary of a combined group filing a New Jersey combined return from which the taxpayer is excluded, did the taxpayer distribute dividends or deemed dividends in the current tax year? ☐ Yes. Provide a rider indicating the name and FEIN of the entity to which the dividends were paid (deemed), the amount of dividends, and unitary ID number of the combined group. OR ☐ No.

7. Is the taxpayer an intangible holding company or is the taxpayer's income, directly or indirectly, from intangible property or related service activities that are deductible against the income of members of a combined group? ☐ Yes. Provide a rider indicating the names and ID numbers of the combined group or the related members and detail the taxpayer's income that is deductible against their income. OR ☒ No.

8. Is income from sources outside the United States included in taxable net income on Schedule A?

☐ Yes ☐ No ☒ NA

If yes, provide a rider indicating such items of gross income, the source, the deductions and the amount of foreign taxes paid. Enter on Schedule A, Part II, line 10, the difference between the net of such income and the amount of foreign taxes paid not previously deducted (include a rider).

9. Does the taxpayer have related parties or affiliates that file combined returns in New Jersey? ☐ Yes. OR ☒ No.10. Does the taxpayer file as part of a group filing combined returns/reports in other states with corporations that either do not file New Jersey returns or file separate New Jersey returns? ☐ Yes. OR ☒ No.11. Is the taxpayer part of a group that files a New Jersey combined return, but is excluded from the combined return? ☐ Yes. Provide information below. OR ☒ No.

Name of the managerial member of the combined group: _____

12. Has the taxpayer or the preparer completing this return on the taxpayer's behalf taken any uncertain tax positions when filing this return or their federal tax return? ☐ Yes. Include a rider detailing the information. OR ☒ No.

For more information see Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, formerly FASB Interpretation No. 48 (FIN 48).

13. Does the taxpayer own or lease real *or* tangible property:

a. In New Jersey? ☒ Yes. OR ☐ No.

b. Outside New Jersey? ☒ Yes. Provide information below. OR ☐ No.

List the states, political subdivisions, and foreign nations (as applicable): **WI**14. What percentage of the taxpayer's worldwide property, real or tangible, is inside the United States? **100.0000%**

15. Does the taxpayer have payroll:

a. In New Jersey? ☒ Yes. OR ☐ No.

b. Outside New Jersey? ☒ Yes. Provide information below. OR ☐ No.

List the states, political subdivisions, and foreign nations (as applicable): **WI, AZ, CA, CO, DE, IL, IN, IA, KS, KY**16. What percentage of the taxpayer's worldwide payroll is inside the United States? **100.0000%**17. Is 20% or more of either *or* both the taxpayer's property and payroll inside the United States? ☒ Yes. OR ☐ No.18. Does the taxpayer own a disregarded entity or utilize a disregarded entity of a related party? ☐ Yes. Include a rider with the entity's name and tax ID number. OR ☒ No.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

EATSTREET, INC.

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ANNUAL GENERAL QUESTIONNAIRE (Continued)

PART II REGULATED INVESTMENT COMPANIES

(Riders must be provided where necessary)

1. Is this taxpayer registered and regulated under the Federal Investment Company Act of 1940 (54 Stat. 789, as amended)? ☐ Yes. Provide information below (include rider if necessary). ☒ No.

Securities and Exchange Commission Information

| Registration Number | Registration Date |
|---------------------|-------------------|
| | |

IMPORTANT NOTE: If the taxpayer's certificate under the Act was not obtained prior to the commencement of the period covered in the return or if such authority was not continued during such entire period, then the taxpayer is not entitled to report as a Regulated Investment Company.

2. Has the taxpayer satisfied the requirements of IRC § 852(a)? ☐ Yes OR ☒ No. If no, taxpayer cannot file as a Regulated Investment Company.

3. Every taxpayer seeking to report as a regulated investment company **MUST SUBMIT WITH THIS RETURN ITS PRINTED ANNUAL REPORT TO STOCKHOLDERS** for the period covered by this return together with all other stockholder reports issued by the company during such period.

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Schedule A**CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)
EVERY CORPORATION MUST COMPLETE PARTS I, II, AND III OF THIS SCHEDULE****PART I - COMPUTATION OF ENTIRE NET INCOME** (All data must match the federal pro forma or federal return, whichever is applicable.)

| Income | | |
|--|-----|-------------|
| 1. a. Gross receipts or sales | 1a. | 29,257,032. |
| b. Less: Returns and allowances | 1b. | 422,735. |
| c. Total - Subtract line 1b from line 1a | 1c. | 28,834,297. |
| 2. Less: Cost of goods sold (from Schedule A-2, line 8) | 2. | 607,145. |
| 3. Gross profit - Subtract line 2 from line 1c | 3. | 28,227,152. |
| 4. a. Dividends | 4a. | |
| b. Gross Foreign Derived Intangible Income (see instructions) (include copy of federal Form 8993) | 4b. | |
| c. Gross Global Intangible Low-Taxed Income (see instructions) (include copy of federal Form 8992) | 4c. | |
| 5. Interest | 5. | 15,864. |
| 6. Gross rents | 6. | |
| 7. Gross royalties | 7. | |
| 8. Capital gain net income (include a copy of federal Schedule D) | 8. | |
| 9. Net gain or (loss) (from federal Form 4797, include a copy) | 9. | -1,247,141. |
| 10. Other income (include schedule(s)) SEE STATEMENT 1 | 10. | 753,000. |
| 11. Total Income - Add lines 3 through 10 | 11. | 27,748,875. |
| Deductions | | |
| 12. Compensation of officers (from Schedule F) | 12. | 895,543. |
| 13. Salaries and wages (less employment credits) | 13. | 12,399,234. |
| 14. Repairs (Do not include capital expenditures) | 14. | 16,823. |
| 15. Bad debts | 15. | |
| 16. Rents | 16. | 372,244. |
| 17. Taxes | 17. | 2,277,826. |
| 18. Interest | 18. | |
| 19. Charitable contributions | 19. | |
| 20. Depreciation (from federal Form 4562, include a copy) less depreciation claimed elsewhere on return | 20. | 141,471. |
| 21. Depletion | 21. | |
| 22. Advertising | 22. | 2,309,205. |
| 23. Pension, profit-sharing plans, etc. | 23. | 296,795. |
| 24. Employee benefit programs | 24. | 1,336,864. |
| 25. Reserved for future use | 25. | |
| 26. Other deductions (include schedule) SEE STATEMENT 2 | 26. | 12,834,669. |
| 27. Total Deductions - Add lines 12 through 26 | 27. | 32,880,674. |
| 28. Taxable income before federal net operating loss deductions and federal special deductions - Subtract line 27 from line 11 (Must agree with line 28, page 1 of the Unconsolidated federal Form 1120, or the appropriate line of any other federal corporate return filed) (See instructions) ... | 28. | -5,131,799. |

PART II - NEW JERSEY MODIFICATIONS TO ENTIRE NET INCOME

| 1. Taxable income/(loss) before federal net operating loss deductions and special deductions (from Schedule A, Part I, line 28) | 1. | -5,131,799. |
|--|-----|-------------|
| Additions | | |
| 2. Reserved for future use | 2. | |
| 3. Other federally exempt income not included in line 1 (see instructions) | 3. | |
| 4. Interest on federal, state, municipal, and other obligations not included in line 1 (see instructions) | 4. | |
| 5. New Jersey State and other states' taxes deducted in line 1 (see instructions) | 5. | 45,895. |
| 6. Related party interest addback (from Schedule G, Part I) | 6. | |
| 7. Related party intangible expenses and costs addback (from Schedule G, Part II) | 7. | |
| 8. Reserved for future use | 8. | |
| 9. Depreciation modification being added to income (from Schedule S) | 9. | |
| 10. Other additions. Explain on separate rider (see instructions) STMT 3 | 10. | 3,699. |
| 11. Taxable income/(loss) with additions - Add line 1 through line 10 and enter the total | 11. | -5,082,205. |

NAME AS SHOWN ON RETURN

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EATSTREET, INC.

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Schedule A**CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)****EVERY CORPORATION MUST COMPLETE PARTS I, II, AND III OF THIS SCHEDULE****Deductions**

| | | |
|---|------|---------|
| 12. Depreciation modification being subtracted from income (from Schedule S) | 12. | |
| 13. Previously Taxed Dividends (from Schedule PT) | 13. | |
| 14. a. Enter the I.R.C. § 250(a) deduction amount allowed federally for GILTI if GILTI income is included on line 1 | 14a. | |
| b. Enter the I.R.C. § 250(a) deduction amount allowed federally for FDII if FDII income is included on line 1 | 14b. | |
| c. Net GILTI previously taxed by New Jersey not deducted or excluded elsewhere | 14c. | |
| 15. I.R.C. § 78 Gross-up included in line 1 (do not include dividends that were excluded/deducted elsewhere) | 15. | |
| 16. Reserved for future use | 16. | |
| 17. a. Elimination of nonoperational activity (from Schedule O, Part I) | 17a. | |
| b. Elimination of nonunitary partnership income/loss (from Schedule P-1, Part II, line 4) | 17b. | |
| 18. Other deductions. Explain on separate rider (see instructions) STMT 4 | 18. | 68,154. |
| 19. Total deductions - Add line 12 through line 18 and enter the total | 19. | 68,154. |

Taxable Net Income/(Loss) Calculation

| | | |
|---|-----|-------------|
| 20. Entire Net Income/(Loss) Subtotal - Subtract line 19 from line 11 | 20. | -5,150,359. |
| 21. Allocation factor from Sch J (if all receipts were derived from only New Jersey sources, enter 1.000000) | 21. | .012953 |
| 22. Allocated entire net income/(loss) before net operating loss deductions and dividend exclusion - Multiply line 20 by line 21 and enter the result here (if zero or less, enter zero on line 29) | 22. | -66,713. |
| 23. Prior year net operating loss (PNOL) deduction (from Form 500, Section A) (Amount entered cannot be more than amount on line 22) | 23. | |
| 24. Allocated entire net income before post allocation net operating loss deduction - Subtract line 23 from line 22 (If zero or less, enter zero here and on line 29) | 24. | 0. |
| 25. Post allocation net operating loss (NOL) deduction (from Form 500, Section B) (Amount entered cannot be more than amount on line 24) | 25. | |
| 26. Allocated entire net income before allocated dividend exclusion - Subtract line 25 from line 24 (If zero or less, enter zero here and on line 29) | 26. | 0. |
| 27. Allocated Dividend Exclusion (from Schedule R) (see instructions) | 27. | |
| 28. Reserved for future use | 28. | |
| 29. Taxable net income - Subtract line 27 from line 26 | 29. | 0. |

Did the taxpayer have any discharge of indebtedness excluded from federal taxable income in the current tax year pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108 ☐ Yes. See instructions for Form 500. OR ☒ No.

PART III - COMPUTATION OF NEW JERSEY TAX BASE

| | | |
|--|-----|----|
| 1. Enter taxable net income from Schedule A, Part II, line 29 | 1. | 0. |
| 2. a. Investment Company - Enter 40% of line 1 | 2a. | |
| b. Real Estate Investment Trust - Enter 4% of line 1 | 2b. | |
| c. All Others - Enter the amount from line 1 | 2c. | 0. |
| 3. a. New Jersey Nonoperational Income (from Schedule O, Part III) (if zero or less, enter zero) ... | 3a. | |
| b. Nonunitary Partnership Income (from Schedule P-1, Part II, line 5) (if zero or less, enter zero) | 3b. | |
| 4. Tax Base - Add lines 3a and 3b to line 2a, 2b, or 2c, whichever is applicable. Enter total here and on line 1, page 1 | 4. | 0. |

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Schedule A-2**COST OF GOODS SOLD (See Instructions)** All data must match amounts reported on federal

Form 1125-A of the federal pro forma or federal return, whichever is applicable.

| | | |
|--|----|----------|
| 1. Inventory at beginning of year | 1. | 60,427. |
| 2. Purchases | 2. | 546,718. |
| 3. Cost of labor | 3. | |
| 4. Additional section 263A costs | 4. | |
| 5. Other costs (include schedule) | 5. | |
| 6. Total - Add lines 1 through 5 | 6. | 607,145. |
| 7. Inventory at end of year | 7. | |
| 8. Cost of goods sold - Subtract line 7 from line 6. Include here and on Schedule A, Part I, line 2 | 8. | 607,145. |

Schedule A-3**SUMMARY OF TAX CREDITS (See Instructions)****PART I - Tax Credits Used Against Liability**

| | | |
|--|-----|--|
| 1. New Jobs Investment Tax Credit from Form 304 | 1. | |
| 2. Angel Investor Tax Credit from Form 321 | 2. | |
| 3. Business Employment Incentive Program Tax Credit from Form 324 | 3. | |
| 4. Pass-Through Business Alternative Income Tax Credit from Form 329 | 4. | |
| 5. EITHER: a) Urban Enterprise Zone Employee Tax Credit from Form 300 | | |
| OR b) Urban Enterprise Zone Investment Tax Credit from Form 301 | 5. | |
| 6. Redevelopment Authority Project Tax Credit from Form 302 | 6. | |
| 7. Manufacturing Equipment and Employment Investment Tax Credit from Form 305 | 7. | |
| 8. Research and Development Tax Credit from Form 306 | 8. | |
| 9. Neighborhood Revitalization State Tax Credit from Form 311 | 9. | |
| 10. Effluent Equipment Tax Credit from Form 312 | 10. | |
| 11. Economic Recovery Tax Credit from Form 313 | 11. | |
| 12. AMA Tax Credit from Form 315 | 12. | |
| 13. Business Retention and Relocation Tax Credit from Form 316 | 13. | |
| 14. Sheltered Workshop Tax Credit from Form 317 | 14. | |
| 15. Film Production Tax Credit from Form 318 | 15. | |
| 16. Urban Transit Hub Tax Credit from Form 319 | 16. | |
| 17. Grow NJ Tax Credit from Form 320 | 17. | |
| 18. Wind Energy Facility Tax Credit from Form 322 | 18. | |
| 19. Residential Economic Redevelopment and Growth Tax Credit from Form 323 | 19. | |
| 20. Public Infrastructure Tax Credit from Form 325 | 20. | |
| 21. Reserved for future use | 21. | |
| 22. Film and Digital Media Tax Credit from Form 327 | 22. | |
| 23. Tax Credit for Employers of Employees With Impairments from Form 328 | 23. | |
| 24. Apprenticeship Program Tax Credit from Form 330 | 24. | |
| 25. Tax Credit for Employer of Organ/Bone Marrow Donor from Form 331 | 25. | |
| 26. Tiered Subsidiary Dividend Pyramid Tax Credit from Form 332 | 26. | |
| 27. Innovation Evergreen Fund Tax Credit from Form 334 | 27. | |
| 28. Unit Concrete Products Tax Credit from Form 335 | 28. | |
| 29. Other Tax Credit (see instructions) | 29. | |
| 30. Total tax credits - Add lines 1 through 29. Enter here and on page 1, line 3 | 30. | |

PART II - Refundable Tax Credits

| | | |
|---|----|--|
| 1. Refundable portion of New Jobs Investment Tax Credit from Form 304 | 1. | |
| 2. Refundable portion of Angel Investor Tax Credit from Form 321 | 2. | |
| 3. Refundable portion of Business Employment Incentive Program Tax Credit from Form 324 | 3. | |
| 4. Refundable portion Pass-Through Business Alternative Income Tax Credit from Form 329 | 4. | |
| 5. Other Tax Credit to be refunded | 5. | |
| 6. Total amount of tax credits to be refunded. Enter here and on page 1, line 10c | 6. | |

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Schedule A-4**SUMMARY SCHEDULE (See Instructions)**

| | | | | | |
|---|----|-------------|---|-----|----|
| PNOL Deduction and Carryover | | | Net Operational Income Information | | |
| 1. Form 500, Section A, line 5 minus line 7 | 1. | 1,147,903. | 8. Schedule O, Part III, line 31 | 8. | 0. |
| NOL Deduction and Carryover | | | Dividend Exclusion Information | | |
| 2. Form 500, Section B, line 6 minus line 8 | 2. | 150,841. | 9. Schedule R, line 7 | 9. | 0. |
| Interest and Intangible Costs and Expenses | | | | | |
| 3. Schedule G, Part I, line b | 3. | 0. | 10. Schedule R, line 9 | 10. | 0. |
| | | | | | |
| 4. Schedule G, Part II, line b | 4. | 0. | 11. Schedule R, line 11 | 11. | 0. |
| Schedule J Information | | | Schedule P Information | | |
| 5. Schedule J, line 1f | 5. | 374,262. | 12. Schedule P, Part III, line 1 | 12. | 0. |
| | | | | | |
| 6. Schedule J, line 1g | 6. | 28,893,995. | 13. Schedule P, Part III, line 2 | 13. | 0. |
| | | | | | |
| 7. Schedule J, line 1h | 7. | .012953 | | | |

Schedule F**CORPORATE OFFICERS - GENERAL INFORMATION AND COMPENSATION (See Instructions)**

Data must match amounts reported on federal Form 1125-E of the federal pro forma or federal return, whichever is applicable.

| (1) Name and Current Address of Officer | (2) Social Security Number | (3) Title | (4) Dates Employed in this position | | (5) Percentage of Corpora- tion Stock Owned | | (6) Amount of Compensation |
|--|-------------------------------|--------------|---|----|---|-----------|-------------------------------|
| | | | From | To | Common | Preferred | |
| SEE STATEMENT 5 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| a. Total compensation of officers | | | | | | | 895,543. |
| b. Less: Compensation of officers claimed elsewhere on the return | | | | | | | |
| c. Balance of compensation of officers (include here and on Schedule A, Part I, line 12) | | | | | | | 895,543. |

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Schedule G**Part I - Interest (See Instructions)**

Was interest paid, accrued, or incurred to a related member(s) deducted from entire net income?

☐ Yes. Fill out the following schedule. ☒ No.

| Name of Related Member | Federal ID Number | Relationship to Taxpayer | Amounts |
|---|-------------------|--------------------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| a. Total amount of interest deducted | | | |
| b. Subtract: Exceptions (see instructions) | | | () |
| c. Related Party Interest Expenses Disallowed for New Jersey Purposes (include here and on Schedule A, Part II, line 6) | | | |

Part II - Interest Expenses and Costs and Intangible Expenses and Costs (See instr.)1. Were intangible expenses and costs, including intangible interest expenses and costs, paid, accrued or incurred to related members, deducted from entire net income? ☐ Yes. Fill out the following schedule. ☒ No.

| Name of Related Member | Federal ID Number | Relationship to Taxpayer | Type of Intangible Expense Deducted | Amounts |
|--|-------------------|--------------------------|-------------------------------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| a. Total amount of intangible expenses and costs deducted | | | | |
| b. Subtract: Exceptions (see instructions) | | | | () |
| c. Related Party Intangible Expenses and Costs addback (include here and on Schedule A, Part II, line 7) | | | | |

NOTE: For tax years beginning on or after January 1, 2018, the treaty exceptions have been limited pursuant to P.L. 2018, c. 48. See Schedule G-2 instructions for more information.

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Schedule H**TAXES (See Instructions)**

Include all taxes paid or accrued during the accounting period wherever deducted on Schedule A.

| | (a) Corporation Franchise Business Taxes | (b) Corporation Business/ Occupancy Taxes | (c) Property Taxes | (d) U.C.C. or Payroll Taxes | (e) Other Taxes/ Licenses (include sch.) | (f) Total |
|---|---|---|--------------------------|--------------------------------------|---|--------------|
| 1. New Jersey Taxes | 1,000 | | | | | 1,000 |
| 2. Other States & U.S. Possessions | 44,895 | | | 2,199,826 | 32,105 | 2,276,826 |
| 3. City and Local Taxes | | | | | | |
| 4. Taxes Paid to Foreign Countries * | | | | | | |
| 5. Total | 45,895 | | | 2,199,826 | 32,105 | 2,277,826 |
| 6. Combine lines 5(a) and 5(b) | | 45,895 | | | | |
| 7. Sales & Use Taxes Paid by a Utility Vendor | | | | | | |
| 8. Add lines 6 and 7 | | 45,895 | | | | |
| 9. Federal Taxes | | | | | | |
| 10. Total (Combine line 5 and line 9) | 45,895 | | | 2,199,826 | 32,105 | 2,277,826 |

* Include on line 4 taxes paid or accrued to any foreign country, state, province, territory, or subdivision thereof. STMT 6

Schedule J**COMPUTATION OF ALLOCATION FACTOR (See Instructions)**

All taxpayers, regardless of entire net income reported on Schedule A, Part II, line 20, Form CBT-100, must complete Schedule J.

For tax years ending on and after July 31, 2019, services are sourced based on market sourcing, not cost of performance.

| 1. Receipts: | AMOUNTS (omit cents) |
|--|----------------------|
| a. From sales of tangible personal property shipped to points within New Jersey | a. |
| b. From services if the benefit of the service is received in New Jersey | b. |
| c. From rentals of property situated in New Jersey | c. |
| d. From royalties for the use in New Jersey of patents, copyrights, and trademarks | d. |
| e. All other business receipts earned in New Jersey (See instructions) | e. 374,262. |
| f. Total New Jersey receipts (Total of lines 1a to 1e, inclusive) | f. 374,262. |
| g. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere | g. 28,893,995. |
| h. Allocation Factor (Percentage in New Jersey) (Line 1f divided by line 1g). Carry the fraction 6 decimal places. Do not express as a percent. Include here and on Schedule A, Part II, line 21 | h. .012953 |

NOTE: Include the GILTI and the receipts attributable to the FDII, net of the respective allowable IRC § 250(a) deductions, in the allocation factor. The net amount of GILTI (i.e., the GILTI reduced by the I.R.C. §250(a) GILTI deduction) and the net FDII (i.e., the receipts attributable to the FDII reduced by the I.R.C. § 250(a) FDII deduction) amounts are included in the numerator (if applicable) and the denominator.

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Schedule P-1**PARTNERSHIP INVESTMENT ANALYSIS (See Instructions)****Part I - Partnership Information**

| (1) Partnership, LLC, or Other Entity Information | | (2) Date and State where Organized | (3) Percentage of Ownership | (4) | | (5) Tax Accounting Method | | (6) New Jersey Nexus | | (7) Tax Payments Made on Behalf of Taxpayer by Partnerships |
|--|-------------------|---------------------------------------|--------------------------------|-----------------|-----------------|------------------------------|----------------------|-------------------------|----|--|
| Name | Federal ID Number | | | Limited Partner | General Partner | Flow Through | Separate Accounting* | Yes | No | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Enter total of column 7 here and on page 1, line 10b

*Taxpayers using a separate accounting method must complete Part II.

Part II - Separate Accounting of Nonunitary Partnership Income

| (1) Nonunitary Partnership's Federal ID Number | (2) Distributive Share of Income/Loss from Nonunitary Partnership | (3) Partnership's Allocation Factor (See Instructions) | (4) Taxpayer's Share of Income Allocated to New Jersey (Multiply Column 2 by Column 3) |
|--|---|--|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Total column 2. Enter amount here and Schedule A, Part II, line 17b | | |
| 5. | Total column 4. Enter amount here and Schedule A, Part III, line 3b | | |

If additional space is needed, include a rider.

Schedule PC**PER CAPITA LICENSED PROFESSIONAL FEE (See Instructions)**

- Is the corporation a Professional Corporation (PC) formed pursuant to N.J.S.A. 14A:17-1 et seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? ☐ Yes. This schedule must be included with the return. ☒ No.
- How many licensed professionals are owners, shareholders, and/or employees from this Professional Corporation (PC) as of the first day of the privilege period? ☐ 2 or less, complete Part I. ☐ More than 2, complete Part I and Part II (if additional space is needed, include a rider).

Part I - Provide the following information for each of the licensed professionals in the PC. Include a rider if additional space is needed.

| Name | Address | FID/SSN |
|------|---------|---------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Part II - Complete only if there are more than 2 licensed professional listed above.

| | | |
|---|----|-----|
| 1. Enter number of resident and nonresident professionals with physical nexus with New Jersey _____ x \$150 | 1. | |
| 2. Enter number of nonresident professionals without physical nexus with New Jersey _____ x \$150 x allocation factor of the PC | 2. | |
| 3. Total Fee Due - Add line 1 and line 2 | 3. | |
| 4. Installment Payment - 50% of line 3 | 4. | |
| 5. Total Fee Due (line 3 plus line 4) | 5. | |
| 6. Less prior year 50% installment payment and credit (if applicable) | 6. | () |
| 7. Balance of Fee Due (line 5 minus line 6). If the result is zero or more, include the amount here and on Form CBT-100, page 1, line 8 | 7. | |
| 8. Credit to next year's Professional Corporation Fee (if line 7 is less than zero, enter the amount here) | 8. | |

FEDERAL ID NUMBER

__*** / ***

SUBSIDIARY INVESTMENT ANALYSIS (See Instructions)

PART I DOMESTIC SUBSIDIARY

| | |
|--------------|--|
| Totals | |
|--------------|--|

| | |
|--------------|--|
| Totals | |
|--------------|--|

3. Total dividends. Add lines 1 and 2 (include here and on Schedule R) 3.

DIVIDEND EXCLUSION (See Instructions)

| | | |
|--|-----|--|
| 12. Allocation factor from current Schedule J (if all receipts are derived from only NJ sources, enter 1.000000) | 12. | |
| 13. ALLOCATED DIVIDEND EXCLUSION: Multiply line 11 by line 12 (include here and on Schedule A, Part II, line 27) | 13. | |

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EATSTREET, INC.

-**-*/****

Schedule S - Depreciation and Safe Harbor Leasing (See Instructions)**Part I - From Federal Form 4562**

| | | |
|--|----|----------|
| 1. IRC § 179 Deduction | 1. | |
| 2. Special Depreciation Allowance - for qualified property placed in service during the tax year | 2. | |
| 3. MACRS | 3. | 131,562. |
| 4. ACRS | 4. | 5,226. |
| 5. Other Depreciation | 5. | |
| 6. Listed Property | 6. | 4,683. |
| 7. Total federal depreciation claimed in arriving at Schedule A, Part II, line 1 | 7. | 141,471. |

Include Federal Form 4562 and Federal Depreciation Worksheet

Modification at Schedule A, Part II, line 9 or line 12 - Depreciation and Certain Safe Harbor Lease Transactions

| | | |
|---|-----|----------|
| 8. Prior year New Jersey depreciation (see instructions) | 8. | 138,518. |
| 9. Current year New Jersey depreciation (see instructions). Enter total from Depreciation Worksheet I | 9. | 2,953. |
| 10. Total New Jersey Depreciation. Add lines 8 and 9 | 10. | 141,471. |
| 11. Allowable New Jersey Section 179 deduction | 11. | |
| 12. Accumulated MACRS or bonus depreciation over accumulated New Jersey depreciation on physical disposal of recovery property. Enter total from Depreciation Worksheet II | 12. | |
| 13. Other additions (include an explanation/reconciliation) | 13. | |
| 14. Other deductions (include an explanation/reconciliation) | 14. | |
| 15. ADJUSTMENT - Add lines 7 and 13. Subtract lines 10, 11, and 14. If line 12 is positive, subtract line 12 to the result. If line 12 is negative, add line 12 from the result. (If line 15 is positive, enter at Schedule A, Part II, line 9. If line 15 is negative, enter at Schedule A, Part II, line 12) | 15. | |

Part II - New Jersey Depreciation for Gas, Electric, and Gas and Electric Public Utilities (See Instructions)

| | | |
|--|-----|--|
| 1. Total depreciation claimed in arriving at Schedule A, Part II, line 1 | 1. | |
| 2. Federal depreciation for assets placed in service after January 1, 1998 | 2. | |
| 3. Net - Subtract line 2 from line 1 | 3. | |
| 4. New Jersey depreciation allowable on the Single Asset Account (Assets placed in service prior to January 1, 1998) | | |
| a. Total adjusted federal depreciable basis as of December 31, 1997 | 4a. | |
| b. Excess book depreciable basis over federal tax basis as of December 31, 1997 | 4b. | |
| c. Less accumulated federal basis for all Single Asset Account property sold, retired or disposed of to date ... | 4c. | |
| d. Total (line 4a plus line 4b less line 4c) | 4d. | |
| 5. New Jersey Depreciation - Divide line 4d by 30 | 5. | |
| 6. New Jersey Adjustment | | |
| a. Depreciation adjustment for assets placed in service prior to Jan. 1, 1998 - Subtract line 5 from line 3 | 6a. | |
| b. Special bonus depreciation adjustment from Schedule S, Part I, line 15 (see instructions) | 6b. | |
| 7. Total Adjustment - Add lines 6a and 6b and enter the result. (If line 7 is positive, enter at Schedule A, Part II, line 9. If line 7 is negative, enter as a positive number at Schedule A, Part II, line 12) | 7. | |

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

EATSTREET, INC.

*** - *** - *** / ***

New Jersey Depreciation Worksheet I (See instructions)

| (A) Classification of Property | (B) Basis for Depreciation | (C) Bonus Depreciation (30% or 50%) | (D) Convention | (E) Method | (F) Federal Depreciation Deduction | (G) New Jersey Depreciation Deduction (See Instructions) |
|---|----------------------------------|--|-------------------|---------------|---|--|
| 1. 3-year property | | | | | | |
| 2. 5-year property | 14,764. | | VARIOUS | VARIOUS | 2,953. | 2,953. |
| 3. 7-year property | | | | | | |
| 4. 10-year property | | | | | | |
| 5. 15-year property | | | | | | |
| 6. 20-year property | | | | | | |
| 7. 25-year property | | | | | | |
| 8. Residential rental property | | | | | | |
| 9. Nonresidential rental property | | | | | | |
| 10. Total Column G (Enter amount on Schedule S, Part I, line 9) | | | | | | 2,953. |

New Jersey Depreciation Worksheet II - Disposal of Recovery Property (See Instructions)

| (A) Description of Property | (B) Date Acquired: month, day, year | (C) Date Sold: month, day, year | (D) Federal Depreciation | (E) New Jersey Depreciation | (F) Excess/Deficiency |
|--------------------------------|---|---------------------------------------|--------------------------------|-----------------------------------|--------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |
| 16. Total Column F | | | | | |

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

EATSTREET, INC.

*** - *** - *** / ***

Form 500**Computation of the 2022 Post Allocation Net Operating Loss (NOL) and****Prior Net Operating Loss Conversion Carryover (PNOL) Deductions (See Instructions)**

Does the taxpayer have any Prior Net Operating Loss Conversion Carryovers? ☒ Yes. Begin Form 500 at Section A, line 1. OR ☐ No. Enter zero on Schedule A, Part II, line 23 and continue with Section B.

Section A - Computation of Prior Net Operating Losses (PNOL) Deduction from periods ending PRIOR to July 31, 2019

Complete this section only if the allocated entire net income/(loss) before net operating loss deductions and dividend exclusion on Schedule A, Part II, line 22 is positive (income).

| | | |
|--|----|------------|
| 1. Prior Net Operating Loss Conversion Carryover (PNOL) - Enter the total of Worksheet 500-P, Part II, column 3 | 1. | 1,200,477. |
| 2. Enter the portion of line 1 previously deducted | 2. | 52,574. |
| 3. Enter the portion of line 1 that expired | 3. | |
| 4. Enter any discharge of indebtedness excluded from federal taxable income in the current tax period pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108* | 4. | |
| 5. PNOL available in the current tax year - Subtract lines 2, 3, and 4 from line 1 (if zero or less, enter zero) | 5. | 1,147,903. |
| 6. Enter the allocated net income from Schedule A, Part II, line 22 | 6. | 0. |
| 7. Current tax year's PNOL deduction - Enter the lesser of line 5 or line 6 here and on Schedule A, Part II, line 23 | 7. | 0. |

* If the allocated discharge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has post allocation net operating loss carryover in Form 500 Section B, carry the remaining balance to line 5 of Section B.

Section B - Post Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019

Check the box next to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period in which the taxpayer was a taxable member on a New Jersey combined return. **Otherwise, leave the box blank.**

| | | |
|--|-----|----------|
| 1. Allocated Net Operating Loss Carryover - See instructions. | | |
| a. Return Period Ending 12/31/2019 | 1a. | 150,841. |
| b. Return Period Ending | 1b. | |
| c. Return Period Ending | 1c. | |
| d. Return Period Ending | 1d. | |
| e. Return Period Ending | 1e. | |
| f. Return Period Ending | 1f. | |
| g. Return Period Ending | 1g. | |
| h. Return Period Ending | 1h. | |
| i. Return Period Ending | 1i. | |
| j. Return Period Ending | 1j. | |
| 2. Total Post Allocation Net Operating Losses (NOLs) - Add lines 1a through 1j | 2. | 150,841. |
| 3. Portion of line 2 previously deducted | 3. | |
| 4. Portion of line 2 that expired (after 20 privilege periods) | 4. | |
| 5. Enter the amount of any adjustments required under provisions of the federal Internal Revenue Code (see instructions) | 5. | |
| 6. NOLs available for current tax year - Subtract lines 3, 4, and 5 from line 2 | 6. | 150,841. |
| 7. Enter Allocated Entire Net Income Before Post Allocation Net Operating Loss Deduction from Schedule A, Part II, line 24 | 7. | 0. |
| 8. Current tax year's NOL deduction - Enter the lesser of line 6 or line 7 here and on Schedule A, Part II, line 25 | 8. | 0. |

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

EATSTREET, INC.

*** - *** - *** / ***

WORKSHEET

500-P

NEW JERSEY CORPORATION BUSINESS TAX
Prior Net Operating Loss Conversion WorksheetUse this worksheet to calculate the converted prior net operating losses for use
for tax years ending on and after July 31, 2019. (See Instructions)

NOTE: This is used to calculate your converted prior net operating losses from pre-allocated net operating loss carryovers to post-allocated net operating loss carryovers for the last tax periods ending before July 31, 2019. Use the allocation factor calculated on Schedule J in the last tax period ending prior to July 31, 2019, for Part I, line 1. This is the taxpayer's base year allocation factor for the last tax period ending before July 31, 2019, pursuant to N.J.S.A. 54:10A-4(u). **Submit a copy of this worksheet to substantiate calculations and to determine usable amounts for future years.** If more space is needed, enclose a rider listing the information.

Part I

| | |
|--|---------|
| 1. Allocation Factor For The Last Tax Period Ending Prior to July 31, 2019 (from Schedule J) | .047670 |
|--|---------|

Part II

| Column 1 | Column 2 | Column 3 |
|-------------------|--|---|
| Tax Period Ending | Prior Net Operating Losses (see instructions) | Converted Prior Net Operating Loss Carryover Multiply line I, Part I by amount in column 2, Part II |
| 2. 12/31/2016 | 7,403,886. | 352,943. |
| 3. 12/31/2017 | 10,997,873. | 524,269. |
| 4. 12/31/2018 | 6,781,312. | 323,265. |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |
| 16. | | |
| 17. | | |
| 18. | | |
| 19. | | |
| 20. | | |

| NJ CBT-100 | | OTHER FEDERAL INCOME | STATEMENT 1 |
|------------------------------|--|----------------------|-------------|
| DESCRIPTION | | | AMOUNT |
| OTHER INCOME | | | 753,000. |
| TOTAL TO SCHEDULE A, LINE 10 | | | 753,000. |

| NJ CBT-100 | | OTHER FEDERAL DEDUCTIONS | STATEMENT 2 |
|---------------------------------|--|--------------------------|-------------|
| DESCRIPTION | | | AMOUNT |
| AMORTIZATION | | | 639,683. |
| BANK CHARGES | | | 744,663. |
| COMPUTER EXPENSE | | | 2,594,502. |
| CONSULTING EXPENSE | | | 764,395. |
| CREDIT CARD PROCESSING | | | 2,468,550. |
| CUSTOMER EXPENSE | | | 99,838. |
| DEFERRED COMPENSATION EXPENSE | | | 562,357. |
| DRIVER EXPENSES | | | 26,380. |
| ENTERTAINMENT EXPENSES | | | |
| HIRING COSTS | | | 446,303. |
| INSURANCE | | | 1,377,179. |
| LEGAL AND ACCOUNTING | | | 606,054. |
| MEALS | | | 15,331. |
| MEALS NOT SUBJECT TO LIMITATION | | | 7,416. |
| MISCELLANEOUS EXPENSE | | | 792,528. |
| OFFICE PARKING EXPENSE | | | 488. |
| OFFICE SUPPLIES | | | 236,793. |
| PARTNERSHIP FEES | | | 130,422. |
| PAYROLL SERVICE FEES | | | 332,001. |
| PROFESSIONAL FEES | | | 618,338. |
| TRAVEL | | | 185,139. |
| UTILITIES AND TELEPHONE | | | 186,309. |
| TOTAL TO SCHEDULE A, LINE 26 | | | 12,834,669. |

| NJ CBT-100 | | OTHER ADDITIONS | STATEMENT 3 |
|--------------------------------------|--|-----------------|-------------|
| DESCRIPTION | | | AMOUNT |
| NJ DEPRECIATION | | | 3,699. |
| TOTAL TO SCHEDULE A, OTHER ADDITIONS | | | 3,699. |

| NJ CBT-100 | | OTHER DEDUCTIONS | STATEMENT 4 |
|---------------------------------------|--|------------------|-------------|
| DESCRIPTION | | | AMOUNT |
| BASIS DIFFERENCE ON DISPOSED ASSETS | | | 68,154. |
| TOTAL TO SCHEDULE A, OTHER DEDUCTIONS | | | 68,154. |

| SCHEDULE F | | CORPORATE OFFICERS - INFORMATION AND COMPENSATION | | | STATEMENT 5 |
|--|--------------|---|----------------|------------|------------------------|
| NAME, ADDRESS, TITLE, SSN | | DATES EMPLOYED FROM TO | PERCENT COMMON | STOCK PREF | AMOUNT OF COMPENSATION |
| MATT HOWARD 131 W. WILSON ST, STE 400, MADISON, WI 53703 CEO | ***--**-6337 | 01/03/12 | 4.03% | .00% | 369,273. |
| STEVE ANASTASI 131 W. WILSON ST, STE 400, MADISON, WI 53703 CTO | ***--**-9640 | 04/08/19 | .54% | .00% | 317,865. |
| MICHELLE DAMA 1724 DUNWOODY LANE, WAUNAKEE, WI 53597 CLO | ***--**-2689 | 10/05/20 | .00% | .00% | 208,405. |
| TOTAL TO SCHEDULE F | | | | | 895,543. |

| NJ CBT-100 | | OTHER STATE AND FEDERAL TAXES | STATEMENT 6 |
|--|--|-------------------------------|-------------|
| SCHEDULE H | | | |
| DESCRIPTION | | AMOUNT | TOTAL |
| TOTAL OTHER STATES OTHER TAXES | | 32,105. | |
| TOTAL TO CBT-100, SCHEDULE H, LINE 10(E) | | | 32,105. |

| FORM 500 | | PRIOR NET OPERATING LOSS CARRYOVER DEDUCTED | | | STATEMENT 7 |
|----------------------------|------------|---|---------|---|-------------|
| YEAR ENDING | TOTAL | | FACTOR | | AMOUNT |
| 12/31/2016 | 1,102,884. | X | 4.7670% | = | 52,574. |
| TOTAL TO SECTION A, LINE 2 | | | | | 52,574. |

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-3

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|-------|
| Total tax | \$ | 175 |
| Less: payments and credits | \$ | 3,298 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| Overpayment | \$ | 3,123 |

Overpayment:

| | | |
|------------------------------|----|-------|
| Credit to your estimated tax | \$ | 3,123 |
| Other amount | \$ | 0 |
| Refunded to you | \$ | 0 |

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

NYS Corporation Tax
Processing Unit
P.O. Box 15181
Albany, NY 12212-5181

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:



Department of Taxation and Finance

Request for Six-Month Extension to File

(for franchise/business taxes, MTA surcharge, or both)

Tax Law - Articles 9-A, 13, and 33

CT-5

All filers must enter tax period:

beginning **01-01-22** ending **12-31-22**

| | | |
|---|--|---|
| Employer identification number (EIN) ** - *** 5093 | File number AA6 | Business telephone number 866-654-8777 |
| Legal name of corporation EATSTREET, INC. | Trade name/DBA | |
| Mailing address Care of (c/o) STEVE ANASTASI | State or country of incorporation WI | |
| Number and street or PO box 1574 W BROADWAY ST STE 200 #PMB1005 | Date of incorporation 01-01-12 | Foreign corporations: date began business in NYS 01-01-15 |
| City MADISON | U.S. state/Canadian province WI | ZIP/Postal code 53703 |
| Country (if not United States) | | |
| For office use only | | |

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an **X** in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an **X** in **both** the CT-3 box and the CT-3-M box under Article 9-A if you are requesting an extension of time to file **both** returns.

| Article 9-A | | Article 13 | | Article 33 | | |
|--|---------------------------------|--------------------------------|--------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| CT-3 <input checked="" type="checkbox"/> | CT-3-M <input type="checkbox"/> | CT-13 <input type="checkbox"/> | CT-33 <input type="checkbox"/> | CT-33-C <input type="checkbox"/> | CT-33-M <input type="checkbox"/> | CT-33-NL <input type="checkbox"/> |

| | | |
|---|-----------|------------------|
| A. Pay amount shown on line 11. Make payable to: <i>New York State Corporation Tax</i> | A. | Payment enclosed |
| Attach your payment here. Detach all check stubs. (See instructions for details.) | | |

Certain corporations filing as part of a combined group: Typically, taxpayers filing a combined return use Form CT-5.3. **However,** if for the tax year for which you are requesting an extension to file, you are either becoming a member of a **new** combined group, or being **added** to an **existing** group, you **must also** file Form CT-5. Complete the business information section above and line B. Then, mark an **X** in the box on either line C or D (see Corporations filing a combined franchise tax return only *in the instructions*).

Do **not** complete line A and lines 1 through 16.

B. Enter the EIN of the combined group's designated agent (CT-3-A filers), or parent (CT-33-A filers) **B**

Note: Failure to include the EIN of the designated agent (or parent) may delay processing of your extension request, and may result in penalties and interest.

C. If this extension request is for the **first** tax year that you are being included in a **new** combined group filing a combined return, mark an **X** in the box **C** ☐

D. If this extension request is for the **first** tax year that you are being **added** to an **existing** combined group filing a combined return, mark an **X** in the box **D** ☐

Computation of estimated franchise tax

| | | | |
|---|--|----------|--------|
| 1 | Franchise tax from the <i>Worksheet for lines 1 and 6</i> in Form CT-5-I | 1 | 500. |
| 2 | | | |
| 3 | | | |
| 4 | Prepayments of franchise tax (from line 16, column A) | 4 | 3,298. |
| 5 | Balance due - franchise tax (subtract line 4 from line 1; do not enter less than zero) | 5 | 0. |

Computation of estimated MTA surcharge

| | | | |
|----|--|-----------|----|
| 6 | MTA surcharge from the <i>Worksheet for lines 1 and 6</i> in Form CT-5-I | 6 | |
| 7 | | | |
| 8 | | | |
| 9 | Prepayments of MTA surcharge (from line 16, column B) | 9 | |
| 10 | Balance due - MTA surcharge (subtract line 9 from line 6; do not enter less than zero) | 10 | |
| 11 | Total balance due (see instructions) | 11 | 0. |

455001221019

268511
01-03-23

Page 2 of 2 CT-5 (2022)
EATSTREET, INC.

** - ***5093

Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions.

| | Date paid | A. Franchise tax | B. MTA surcharge |
|--|--------------------|------------------|------------------|
| 12 Mandatory first installment from Form CT-300 | 12 03-15-22 | 375. | |
| 13a Second installment from Form CT-400 | 13a | | |
| 13b Third installment from Form CT-400 | 13b | | |
| 13c Fourth installment from Form CT-400 | 13c | | |
| 14 Overpayment credited from prior years | 14 | 2,923. | |
| 15 Overpayment credited from Form CT- | 15 | | |
| 16 Total prepayments (total all entries in column A and column B) | 16 | 3,298. | |

| | | | | |
|---|---|--------------|------------------------|--|
| Paid preparer use only (see instr.) | Firm's name (or yours if self-employed) | Firm's EIN | Preparer's PTIN or SSN | |
| | BAKER TILLY US, LLP | ** - ***9910 | P00543528 | |
| | Signature of individual preparing this document | State | ZIP code | |
| | DANIEL T. O'CONNOR, PO BOX 7398 | WI | 53707-7398 | |
| | Email address of individual preparing this document | Excl. code | Date | |
| | DANIEL.OCONNOR@BAKERTILLY.COM | 03 | 04-17-23 | |

See instructions for where to file.

FOR YOUR RECORDS
DO NOT FILE

455002221019



268512
02-02-23



**Department of
Taxation and Finance**

284641 04-01-22

Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227

Taxpayer ID: ** – ***5093

Taxpayer name: EATSTREET, INC.

You must file this New York State corporation tax return electronically.

Individual taxpayers and paid preparers who use software to prepare their returns or their clients' returns, but file on paper, are subject to penalties.

E-filing has many advantages:

- It is fast, easy, and secure.
- There are no additional costs. Once you've paid for your New York State tax preparation software, you can e-file your New York State return for **free**.

90% of New Yorkers enjoy the benefits of e-filing.

If you are a corporation:

Because you prepared this New York State tax return using software, you **must** file it electronically.

If you are a paid preparer:

Because you prepared this return using software, you must e-file it. If you file a paper New York State tax return, you will be in violation of New York State law and subject to penalties.

If you are a corporation that used a paid preparer:

Since your preparer used software to prepare this return, it must be e-filed. If your tax return preparer gave you a paper New York State tax return with instructions to mail it, contact them and request that they file it electronically.

There is no charge for e-filing:

New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.

If you cannot e-file you must include Form CT-2:

If an individual corporation or a paid preparer does not meet the requirements to e-file, a software-generated Form CT-2, *Corporation Tax Return Summary*, **must** be included with the paper return to ensure the return is considered processible.

Questions?

Visit our website for more information about New York's e-file mandate.

CT3

1019

**CT-2**

Department of Taxation and Finance

Corporation Tax Return Summary
**THIS FORM MUST
BE FILED WITH
YOUR RETURN**

1 Legal name of corporation

1. **EATSTREET, INC.**Payment
enclosed

2.

3 Return type

3. **CT3**

4 Employer ID number (EIN)

4. **** - ***5093**

5 File number (FCC)

5. **AA6**

6 Period beginning date (mm-dd-yy)

6. **01 - 01 - 22**

7 Period ending date (mm-dd-yy)

7. **12 - 31 - 22**

8 Amended (Y=1; N=0)

8. **0**

9 Final (Y=1; N=0)

9. **0**

10 NAICS code

10. **722300**

11 MTA indicator (None = 0; Y = 1; N = 2; Both = 3)

11. **2**

12 Federal 1120-H filed (Y = 1; N = 0)

12. **0**

13 REIT/RIC indicator (Y = 1; N = 0)

13. **0**

14 Tax due/MTA surcharge

14. **175.00**

15 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000

15.

16 Balance due

16.

17 Amount of overpayment credited to next period - NYS

17. **3,123.00**

18 Refund of overpayment

18.

19 Refund of unused tax credits

19.

20 Tax credits to be credited as an overpayment to next year's return

20.

21 Amount of overpayment credited to next period - MTA

21.

22 Amount of MTA surcharge retaliatory tax credit to be refunded

22.

23 Fixed dollar minimum

23.

24 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN

24. **-**

25 New York receipts

25.

26 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?

26. **0**

27 Paid preparer's EIN

27. **** - ***9910**

28 Preparer's NYTPRIN

28.

29 Excl. code

29. **03**

541001221019

284951
11-16-22**1019**

For office use only



Department of Taxation and Finance

General Business Corporation Franchise Tax Return

Tax Law - Article 9-A

CT-3

Caution: This form must be used **only** for tax periods beginning on or after January 1, 2022. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred.

See instructions, Form CT-3-I, before completing return.

All filers must enter tax period:

| | | | |
|--|---|--|---|
| Final return <input type="checkbox"/> Amended return <input type="checkbox"/> | | beginning 01-01-22 ending 12-31-22 | |
| Employer identification number (EIN) **-***5093 | File number AA6 | Business telephone number 866-654-8777 | If you claim an overpayment, mark an X in the box <input checked="" type="checkbox"/> |
| Legal name of corporation EATSTREET, INC. | | Trade name / DBA | |
| Mailing address Care of (c/o) STEVE ANASTASI | | State or country of incorporation WI | |
| Number and street or PO Box 1574 W BROADWAY ST STE 200 #PMB1005 | | Date of incorporation 01-01-12 | Foreign corporations: date began business in NYS 01-01-15 |
| City MADISON | U.S. state/Canadian province WI | ZIP/Postal code 53713 | Country (if not United States) |
| Principal business activity in NYS INTERNET SALES | | NAICS business code number (from NYS Pub 910) 722300 | For office use only |
| If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1. | | | |

| | | |
|--|--|------------------|
| A. Pay amount shown on Part 2, line 19c. Make payable to: New York State Corporation Tax | | Payment enclosed |
| <input checked="" type="checkbox"/> Attach your payment here. (Detach all check stubs; see instructions for details.) | | A |
| B. Are you subject to the metropolitan transportation business tax (MTA surcharge)? (see instructions; mark an X in the appropriate box) B Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| C. If you are disclaiming tax liability in New York State based on Public Law 86-272, mark an X in the box (see instructions) C | | |
| D. Do you have an interest in any partnerships? (mark an X in the appropriate box) D Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| If Yes, enter the name(s) and EIN(s) on Form CT-60 and attach it to your return. | | |

| | | | |
|---|---|---|--|
| Third - party designee (see instructions) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Designee's name (print) DANIEL T. O'CONNOR, C | Designee's phone number 608-249-6622 |
| | Designee's email address | | PIN 54321 |

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

| | | | |
|---|---|---|--|
| Authorized person | Printed name of authorized person STEVE ANASTASI | Signature of authorized person | Official title CEO |
| | Email address of authorized person STEVE.ANASTASI@EATSTREET.COM | Telephone number 866-654-8777 | Date 11-09-23 |
| Paid preparer use only (see instr.) | Firm's name (or yours if self-employed) BAKER TILLY US, LLP | Firm's EIN **-***9910 | Preparer's PTIN or SSN P00543528 |
| | Signature of individual preparing this return DANIEL T. O'CONNOR, | Address PO BOX 7398 | City MADISON |
| | State WI | ZIP code 53707-7398 | |
| Email address of individual preparing this return DANIEL.OCONNOR@BAKERTILLY.COM | | Preparer's NYTPRIN or Excl. code 03 | Date 11-09-23 |

See instructions for where to file.

Content of Form CT-3

| | |
|---|---|
| Part 1 - General corporate information | Part 5 - Computation of investment capital for the current tax year |
| Part 2 - Computation of balance due or overpayment | Part 6 - Computation of business apportionment factor |
| Part 3 - Computation of tax on business income base | Part 7 - Summary of tax credits claimed |
| Part 4 - Computation of tax on capital base | |

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Part 1 - General corporate information

Section A - Qualification for preferential tax rates - If you are a corporation as identified in this section and qualify for preferential tax rates, mark an ☒ in the boxes that apply to you (see instructions).

- 1 A qualified emerging technology company (QETC) eligible for the lower business income base tax rate, 0% capital base tax rate, and lower fixed dollar minimum tax amounts ☐ 1 ☐
- 2 A qualified New York manufacturer based on the principally engaged test eligible for the 0% business income base tax rate and lower fixed dollar minimum tax amounts ☐ 2 ☐
- 3 A qualified New York manufacturer based on the principally engaged test eligible for the 0% capital base tax rate ☐ 3 ☐
- 4 A qualified New York manufacturer based on the significant employment and property test eligible for the 0% business income base tax rate, 0% capital base tax rate, and lower fixed dollar minimum tax amounts ☐ 4 ☐
- 5 A cooperative housing corporation eligible for the 0% capital base tax rate ☐ 5 ☐
- 6 A small business taxpayer eligible for the 0% capital base tax rate ☐ 6 ☐
- If you marked this box, complete line 6a below and Section B, line 1.
- 6a Total capital contributions ☐ 6a
- 7 A qualified entity of a New York State innovation hot spot that operates solely within such New York State innovation hot spot, and you have elected to be subject only to the fixed dollar minimum tax base ☐ 7 ☐

Section B - New York State information (see instructions)

- 1 Number of New York State employees ☐ 1 2
- 2 Wages paid to New York State employees ☐ 2 246,501.
- 3 Number of business establishments in New York State ☐ 3
- 4 If you have an interest in, or have rented, real property in New York State, mark an ☒ in the box ☐ 4 ☐
- 5 If you are claiming an exception to the related member expense addback under Tax Law §208.9(o)(2)(B), mark an ☒ in the box ☐ 5 ☐
- 5a If you marked the line 5 box, use line 5a to report the applicable exception number (1-4) and the amount of royalty payments ☐ 5a Number Amount
- 6 If you are not protected by Public Law 86-272 and are subject to tax solely as a result of deriving receipts in New York State, mark an ☒ in the box ☐ 6 ☐

Section C - Filing information

- 1 **Federal return filed** - you must mark an ☒ in one box and attach a complete copy of your federal return
- 1120 ☒ 1120 consolidated ☐ 1120-REIT or 1120-RIC ☐ 1120S ☐ 1120F ☐ 1120H ☐
- 2 **Amended return** - If you marked the amended return box on page 1, then for any item(s) that apply, mark an ☒ in the box and attach documentation:
- Final federal determination ☐ Date of determination NOL carryback ☐ Capital loss carryback ☐ 1139 ☐ 1120X ☐
- Failure to meet investment capital holding period ☐
- 2a Enter the tax due amount from your most recently filed New York State return for this tax period ☐ 2a
- 3 **Required attachments** - For all forms, other than tax credit claim forms, that are attached to this return, mark an ☒ in the applicable box(es)
- CT-3.1 ☐ CT-3.2 ☐ CT-3.3 ☐ CT-3.4 ☒ CT-60 ☐ CT-225 ☒ CT-227 ☐
- Other (identify): ☐
- 4 If you are claiming tax credits, enter the number of tax credit forms attached to this return. Where multiple forms are filed for the same credit, count each form filed ☐ 4
- 5 If you filed federal Form 1120F and you have effectively connected income (ECI), mark an ☒ in the box ☐ 5 ☐
- 6 If you are a foreign corporation computing your tax taking into account only your distributive shares from multiple limited partnerships, mark an ☒ in the box and file Form CT-60 ☐
- 7 **Revoking a commonly owned group election** (only applies in the first year you revoke the election) - If you were previously the designated agent of a combined group (and are no longer filing as part of a combined group) that made the commonly owned group election and have completed seven tax years (not including short tax years) under it, but now want to revoke the election, mark an ☒ in the box ☐

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Part 2 - Computation of balance due or overpayment

Largest of three tax bases, minus credits

| | | | |
|---|---|----|----------|
| 1a Business income base tax (from Part 3, line 20) | • | 1a | 0. |
| 1b Capital base tax (from Part 4, line 15; see instructions) | • | 1b | 0. |
| 1c Fixed dollar minimum tax (see instr) | • | 1c | 175. |
| New York receipts | | | |
| | • | | 453,094. |
| 2 Tax due (enter the amount from line 1a, 1b, or 1c, whichever is largest; see instructions) | • | 2 | 175. |
| 3 Tax credits used (from Part 7, line 2; see instructions) | • | 3 | |
| 4 Tax due after credits (subtract line 3 from line 2; if line 3 is more than line 2, enter 0) | • | 4 | 175. |

Penalties and interest

| | | | |
|--|---|---|--|
| 5 Estimated tax penalty (see instructions; if Form CT-222 is attached, mark an X in the box) | • | 5 | |
| 6 Interest on late payment (see instructions) | • | 6 | |
| 7 Late filing and late payment penalties (see instructions) | • | 7 | |
| 8 Total penalties and interest (add lines 5, 6, and 7) | • | 8 | |

Voluntary gifts/contributions

| | | | |
|--|---|----|------|
| 9 Total voluntary gifts/contributions (from Form CT-227, Part 2, line 1) | • | 9 | |
| 10 Total amount due (add lines 4, 8, and 9) | • | 10 | 175. |

Prepayments

| | | | |
|--|---|----|--------|
| 11 Mandatory first installment from Form CT-300 (see instructions) | • | 11 | 375. |
| 12 Second installment (from Form CT-400) | • | 12 | |
| 13 Third installment (from Form CT-400) | • | 13 | |
| 14 Fourth installment (from Form CT-400) | • | 14 | |
| 15 Payment with extension request (from Form CT-5, line 5) | • | 15 | |
| 16 Overpayment credited from prior years (see instr.) | • | 16 | 2,923. |
| 17 Overpayment credited from CT-3-M | • | 17 | |
| 18 Total prepayments (add lines 11 through 17; see instructions) | • | 18 | 3,298. |

Payment due or overpayment to be credited/refunded (see instructions)

| | | | |
|--|---|-----|--------|
| 19a Underpayment | • | 19a | |
| 19b Additional amount for 2023 MFI | • | 19b | |
| 19c Balance due | • | 19c | |
| 20a Excess prepayments | • | 20a | 3,123. |
| 20b Amount previously credited to 2023 MFI | • | 20b | |
| 20c Overpayment | • | 20c | 3,123. |
| 21 Amount of overpayment to be credited to next period | • | 21 | 3,123. |
| 22 Balance of overpayment available (subtract line 21 from line 20c) | • | 22 | 0. |
| 23 Amount of overpayment to be credited to Form CT-3-M | • | 23 | |
| 24 Balance of overpayment to be refunded (subtract line 23 from line 22) | • | 24 | 0. |
| 25 Unused tax credits to be refunded | • | 25 | |
| 26 Unused tax credits applied to next period | • | 26 | |

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Part 3 - Computation of tax on business income base (see instructions)

| | | | |
|----|---|----|-------------|
| 1 | Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see instructions) ... | 1 | -5,131,799. |
| 2 | Additions to FTI (from Form CT-225, line 5) | 2 | 49,594. |
| 3 | Add lines 1 and 2 | 3 | -5,082,205. |
| 4 | Subtractions from FTI (from Form CT-225, line 10) | 4 | 68,154. |
| 5 | Subtract line 4 from line 3 | 5 | -5,150,359. |
| 6 | Subtraction modification for qualified banks (from Form CT-3.2, Schedule A, line 1; see instructions) | 6 | |
| 7 | Entire net income (ENI) (subtract line 6 from line 5) | 7 | -5,150,359. |
| 8 | Investment and other exempt income (from Form CT-3.1, Schedule D, line 1) | 8 | |
| 9 | Subtract line 8 from line 7 | 9 | -5,150,359. |
| 10 | Excess interest deductions attributable to investment income, investment capital, and other exempt income (from Form CT-3.1, Schedule D, line 2) | 10 | |
| 11 | Business income (add lines 9 and 10) | 11 | -5,150,359. |
| 12 | Addback of income previously reported as investment income (from Form CT-3.1, Schedule F, line 6; if zero, enter 0; see instructions) | 12 | |
| 13 | Business income after addback (add lines 11 and 12) | 13 | -5,150,359. |
| 14 | Business apportionment factor (from Part 6, line 56) | 14 | 0.015681 |
| 15 | Apportioned business income after addback (multiply line 13 by line 14) | 15 | -80,763. |
| 16 | Prior net operating loss conversion subtraction (from Form CT-3.3, Schedule C, line 4) | 16 | |
| 17 | Subtract line 16 from line 15 | 17 | -80,763. |
| 18 | NOL deduction (from Form CT-3.4, line 6) | 18 | |
| 19 | Business income base (subtract line 18 from line 17) | 19 | -80,763. |
| 20 | Business income base tax (multiply line 19 by the appropriate business income tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1a; see instructions) | 20 | 0. |

Note: If you make any entry on line 2, 4, 6, 8, 10, 12, 16, or 18, you **must** complete and file the appropriate attachment form, or any tax benefit claimed may be disallowed, or there may be a delay in receiving such benefit. In addition, all amounts entered on these lines must be entered as positive numbers.



EATSTREET, INC.

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Part 4 - Computation of tax on capital base (see instructions)

| | | A Beginning of year | B End of year | C Average value |
|----|--|-------------------------------|-------------------------|---------------------------|
| 1 | Total assets from federal return | 13,892,454. | 4,487,013. | 9,189,734. |
| 2 | Real property and marketable securities included on line 1 | | | |
| 3 | Subtract line 2 from line 1 | 13,892,454. | 4,487,013. | 9,189,734. |
| 4 | Real property and marketable securities at fair market value | | | |
| 5 | Adjusted total assets (add lines 3 and 4) | 13,892,454. | 4,487,013. | 9,189,734. |
| 6 | Total liabilities | 18,465,738. | 18,111,288. | 18,288,513. |
| 7 | Total net assets (subtract line 6, column C, from line 5, column C) | | | -9,098,779. |
| 8 | Investment capital (from Part 5, line 19; if zero or less, enter 0) | | | |
| 9 | Business capital (subtract line 8 from line 7) | | | -9,098,779. |
| 10 | Addback of capital previously reported as investment capital (from Part 5, line 20, column C; if zero or less, enter 0) | | | |
| 11 | Total business capital (add lines 9 and 10) | | | -9,098,779. |
| 12 | Business apportionment factor (from Part 6, line 56) | | | 0.015681 |
| 13 | Apportioned business capital (multiply line 11 by line 12) | | | -142,678. |
| 14 | | | | |
| 15 | Capital base tax (multiply line 13 by the appropriate capital base tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1b) | | | 0. |

Part 5 - Computation of investment capital for the current tax year (see instructions)

| | A Average fair market value | B Liabilities attributable to column A amount | C Net average value (column A - column B) |
|----|---|---|---|
| 16 | Total capital that generates income claimed to not be taxable by New York under the U.S. Constitution (from Form CT-3.1, Schedule E, line 1) | | |
| 17 | Total of stocks actually held for more than one year (from Form CT-3.1, Schedule E, line 2) | | |
| 18 | Total of stocks presumed held for more than one year (from Form CT-3.1, Schedule E, line 3) | | |
| 19 | Total investment capital for the current year (Add column C lines 16, 17, and 18; enter the result here and on Part 4, line 8. If zero or less, enter 0.) | | |

Addback of capital previously reported as investment capital

| | A Average fair market value as previously reported | B Liabilities attributable to column A amount as previously reported | C Net average value as previously reported (column A - column B) |
|----|---|--|--|
| 20 | Total of stocks previously presumed held for more than one year, but did not meet the holding period (from Form CT-3.1, Schedule F, line 1; enter here and on Part 4, line 10) | | |



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EATSTREET, INC.

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Part 6 - Computation of business apportionment factor (see instructions)Mark an X in this box only if you have **no receipts** required to be included in the denominator of the apportionment factor (see instr.) ☐ ☐

| | | A - New York State | B - Everywhere |
|--|------|--------------------|--------------------------|
| Section 210-A.2 | | | |
| 1 Sales of tangible personal property | • 1 | | • |
| 2 Sales of electricity | • 2 | | • |
| 3 Net gains from sales of real property | • 3 | | • |
| Section 210-A.3 | | | • |
| 4 Rentals of real and tangible personal property | • 4 | | |
| 5 Royalties from patents, copyrights, trademarks, and similar intangible personal property | • 5 | | • |
| 6 Sales of rights for certain closed-circuit and cable TV transmissions of an event | • 6 | | • |
| Section 210-A.4 | | | • |
| 7 Sale, licensing, or granting access to digital products | • 7 | | |
| Section 210-A.5(a)(1) - Fixed percentage method for qualified financial instruments (QFIs) | | | |
| 8 To make this irrevocable election, mark an X in the box (see instructions) | • 8 | | <input type="checkbox"/> |
| Section 210-A.5(a)(2) - Mark an X in each box that is applicable (see line 8 instructions) | | | |
| Section 210-A.5(a)(2)(A) | | | • |
| 9 Interest from loans secured by real property | • 9 | | |
| 10 Net gains from sales of loans secured by real property | • 10 | | • |
| 11 Interest from loans not secured by real property (QFI • <input type="checkbox"/>) | • 11 | | • |
| 12 Net gains from sales of loans not secured by real property (QFI • <input type="checkbox"/>) | • 12 | | • |
| Section 210-A.5(a)(2)(B) (QFI • <input type="checkbox"/>) | | | • |
| 13 Interest from federal debt | • 13 | | |
| 14 | | | |
| 15 Interest from NYS and its political subdivisions debt | • 15 | | • |
| 16 Net gains from federal, NYS, and NYS political subdivisions debt | • 16 | | • |
| 17 Interest from other states and their political subdivisions debt | • 17 | | • |
| 18 Net gains from other states and their political subdivisions debt | • 18 | | • |
| Section 210-A.5(a)(2)(C) (QFI • <input type="checkbox"/>) | | | • |
| 19 Interest from asset-backed securities and other government agency debt | • 19 | | |
| 20 Net gains from government agency debt or asset-backed securities sold through an exchange | • 20 | | • |
| 21 Net gains from all other asset-backed securities | • 21 | | • |
| Section 210-A.5(a)(2)(D) (QFI • <input type="checkbox"/>) | | | • |
| 22 Interest from corporate bonds | • 22 | | |
| 23 Net gains from corporate bonds sold through broker/dealer or licensed exchange | • 23 | | • |
| 24 Net gains from other corporate bonds | • 24 | | • |
| Section 210-A.5(a)(2)(E) | | | • |
| 25 Net interest from reverse repurchase and securities borrowing agreements | • 25 | | |
| Section 210-A.5(a)(2)(F) | | | • |
| 26 Net interest from federal funds | • 26 | | |
| Section 210-A.5(a)(2)(I) (QFI • <input type="checkbox"/>) | | | • |
| 27 Net income from sales of physical commodities | • 27 | | |
| Section 210-A.5(a)(2)(J) (QFI • <input type="checkbox"/>) | | | • |
| 28 Marked to market net gains | • 28 | | |
| Section 210-A.5(a)(2)(H) (QFI • <input type="checkbox"/>) | | | • |
| 210-A.5(a)(2)(G) (QFI • <input type="checkbox"/>) | | | |
| 29 Interest from other financial instruments | • 29 | | • |
| 30 Net gains and other income from other financial instruments | • 30 | | • |

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Part 6 - Computation of business apportionment factor (continued)

| | | A - New York State | B - Everywhere |
|--|------|--------------------|----------------|
| Section 210-A.5(b) | | | |
| 31 Brokerage commissions | • 31 | | • |
| 32 Margin interest earned on behalf of brokerage accounts | • 32 | | • |
| 33 Fees for advisory services for underwriting or management of underwriting | • 33 | | • |
| 34 Receipts from primary spread of selling concessions | • 34 | | • |
| 35 Receipts from account maintenance fees | • 35 | | • |
| 36 Fees for management or advisory services | • 36 | | • |
| 37 Interest from an affiliated corporation | • 37 | | • |
| Section 210-A.5(c) | | | |
| 38 Interest, fees, and penalties from credit cards | • 38 | | • |
| 39 Service charges and fees from credit cards | • 39 | | • |
| 40 Receipts from merchant discounts | • 40 | | • |
| 41 Receipts from credit card authorizations and settlement processing | • 41 | | • |
| 42 Other credit card processing receipts | • 42 | | • |
| Section 210-A.5(d) | | | |
| 43 Receipts from certain services to investment companies | • 43 | | • |
| Section 210-A.5-a | | | |
| 44 Global intangible low-taxed income | 44 | 0.00 | • |
| Section 210-A.6 | | | |
| 45 Receipts from railroad and trucking business | • 45 | | • |
| Section 210-A.6-a | | | |
| 46 Receipts from the operation of vessels | • 46 | | • |
| Section 210-A.7 | | | |
| 47 Receipts from air freight forwarding | • 47 | | • |
| 48 Receipts from other aviation services | • 48 | | • |
| Section 210-A.8 | | | |
| 49 Advertising in newspapers or periodicals | • 49 | | • |
| 50 Advertising on television or radio | • 50 | | • |
| 51 Advertising via other means | • 51 | | • |
| Section 210-A.9 | | | |
| 52 Transportation or transmission of gas through pipes | • 52 | | • |
| Section 210-A.10 | | | |
| 53 Receipts from other services/activities not specified | • 53 | 453,094. | • 28,893,995. |
| Section 210-A.11 | | | |
| 54 Discretionary adjustments | • 54 | | • |
| Total receipts | | | |
| 55 Add lines 1 through 54 in columns A and B | • 55 | 453,094. | • 28,893,995. |

Calculation of business apportionment factor

56 New York State business apportionment factor (divide line 55, column A by line 55, column B and enter the resulting decimal here; round to the sixth decimal place after the decimal point; see instructions)

| | |
|----|---------|
| 56 | .015681 |
|----|---------|

Enter line 56 on Part 3, Computation of tax on business income base, line 14; and on Part 4, Computation of tax on capital base, line 12.

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Part 7- Summary of tax credits claimed

- 1 Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law, Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box) ☐ 1 Yes ☐ No ☒ X

Enter in the appropriate box below the amount of each tax credit **used** to reduce the tax due shown on Part 2, line 2, and attach the corresponding properly completed claim form. The amount of credit to enter is computed on each credit form and carried to this section.

| | | | | | | | | |
|--------------|---|--|----------------|---|--|-------------------|---|--|
| CT-37 | • | | CT-607 | • | | CT-651 | • | |
| CT-40 | • | | CT-611 | • | | CT-652 | • | |
| CT-41 | • | | CT-611.1 | • | | CT-654 | • | |
| CT-43 | • | | CT-611.2 | • | | CT-655 | • | |
| CT-44 | • | | CT-612 | • | | CT-656 | • | |
| CT-46 | • | | CT-613 | • | | CT-657 | • | |
| CT-47 | • | | CT-631 | • | | CT-658 | • | |
| CT-236 | • | | CT-633 | • | | DTF-621 | • | |
| CT-238 | • | | CT-634 | • | | DTF-622 | • | |
| CT-239 | • | | CT-635 | • | | DTF-624 | • | |
| CT-241 | • | | CT-636 | • | | DTF-630 | • | |
| CT-242 | • | | CT-637 | • | | Other credits ... | • | |
| CT-246 | • | | CT-638 | • | | | | |
| CT-248 | • | | CT-640 | • | | | | |
| CT-249 | • | | CT-641 | • | | | | |
| CT-250 | • | | CT-642 | • | | | | |
| CT-261 | • | | CT-643 | • | | | | |
| CT-501 | • | | CT-644 | • | | | | |
| CT-601 | • | | CT-645 | • | | | | |
| CT-602 | • | | CT-646 | • | | | | |
| CT-603 | • | | CT-647 | • | | | | |
| CT-604 | • | | CT-648 | • | | | | |
| CT-605 | • | | CT-649 | • | | | | |
| CT-606 | • | | CT-650 | • | | | | |

- 2 Total tax credits claimed above (enter here and on Part 2, line 3; attach appropriate form for each credit claimed) • ☐ 2 ☐
- 3 Total tax credits claimed that are refund eligible (see instructions) • ☐ 3 ☐
- 4a If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an X in the box • ☐ 4a ☐
- 4b If you claimed the tax-free NY area tax elimination credit, and you had a 100% area allocation factor, mark an X in the box • ☐ 4b ☐
- 4c If you claimed the tax-free NY area excise tax on telecommunications credit and you had a 100% area allocation factor, mark an X in the box • ☐ 4c ☐





Department of Taxation and Finance

Net Operating Loss Deduction (NOLD)

CT-3.4

Legal name of corporation

EATSTREET, INC.

Employer identification number (EIN)

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Attach to Form CT-3 or CT-3-A; see Form CT-3.4-I before completing.

A If you are making the election to waive carryback of the current-year NOL, mark an **X** in the box (see Election to waive carryback in instructions) ☐

| | | | |
|---|--|---|------|
| 1 | Multiply Form CT-3 or CT-3-A, Part 3, line 17, by your appropriate business income base tax rate for the current year from the <i>Tax rates schedule</i> in Form CT-3-I or CT-3-A-I (see instructions) | 1 | 0. |
| 2 | Enter the greater of the capital base tax or the fixed dollar minimum tax for the current tax year (from Form CT-3 or CT-3-A, Part 2, line 1b or 1c) | 2 | 175. |
| 3 | Subtract line 2 from line 1 | 3 | 0. |
| 4 | NOLD that is required to be utilized, if available (divide line 3 by the same business income base tax rate used for line 1; do not enter less than zero) | 4 | 0. |

Computation of net operating loss (NOL) to be used (see instructions)

| | | | |
|----|---|----|------------|
| 5a | NOL carryforward from prior year's Form CT-3.4 | 5a | 2,419,859. |
| 5b | NOL carryforwards from new members who entered the group during the current tax year | 5b | |

NOL carryback (see instructions)

| Loss year | | C Amount allowed to be carried back |
|-------------------------------------|----------------------------------|--|
| A Beginning date (mm-dd-yyyy) | B Ending date (mm-dd-yyyy) | |
| | | |
| | | |
| | | |

| | | | |
|----|---|----|------------|
| 5c | Total NOL carryback (add column C amounts) | 5c | |
| 5d | Subtotal (add lines 5a, 5b, and 5c) | 5d | 2,419,859. |
| 5e | NOL carryforwards that have expired | 5e | |
| 5f | NOL carryforwards unavailable for use in the current tax year | 5f | |
| 5g | Add lines 5e and 5f | 5g | |
| 5 | Total NOLs available to be used in the current tax year (subtract line 5g from line 5d) | 5 | 2,419,859. |
| 6 | NOL to be used in the current tax year | 6 | 0. |

Computation of NOL carryforward (see instructions)

| | | | |
|----|--|----|------------|
| 7a | NOL incurred in the current tax year | 7a | 80,763. |
| 7b | Net NOLs available (add lines 5, 5f, and 7a) | 7b | 2,500,622. |
| 7c | NOL carryforwards from members who left the group during the current tax year | 7c | |
| 7d | Add lines 6 and 7c | 7d | |
| 7 | NOL available to be carried forward (subtract line 7d from 7b) | 7 | 2,500,622. |

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Schedule A - Apportioned business income or loss (must be completed for each tax period; see instructions).

| A Tax period beginning and ending dates | B Amount from Form CT-3 or CT-3-A, Part 3, line 17 for the period in column A | C When column B is not a loss, enter the ending dates of the tax period(s) that generated an NOL used to reduce the amount in column B (see instr.; if necessary) |
|---|---|---|
| 01-01-22 12-31-22 | -80,763. | |
| 01-01-21 12-31-21 | -223,843. | |
| 01-01-20 12-31-20 | 72,786. | 12-31-15 |
| 01-01-19 12-31-19 | -227,637. | |
| 01-01-18 12-31-18 | -322,642. | |
| 01-01-17 12-31-17 | -739,640. | |
| 01-01-16 12-31-16 | -524,678. | |
| 01-01-15 12-31-15 | -431,127. | |
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Note: You must complete and attach Form CT-3.4 to Form CT-3 or CT-3-A each tax year.

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EATSTREET, INC.

-*5093

Schedule B - New members included in the combined group for the current tax period;

Form CT-3-A filers only (see instructions)

| A Name | B EIN | C NOL available at the beginning of this tax period | D Beginning date of this tax period (mm-dd-yy) | E Ending date of this tax period (mm-dd-yy) | F Subject to IRC §§ 381- 384 or SRLY |
|------------------|-----------------|---|---|--|--|
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Schedule C - Former members not included in the combined group at the end of the current

tax period; Form CT-3-A filers only (see instructions)

| A Name | B EIN | C NOL available upon leaving the combined group | Former member's tax period in combined group | |
|------------------|-----------------|--|---|---------------------------------------|
| | | | D Beginning date (mm-dd-yy) | E Ending date (mm-dd-yy) |
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569003221019





Department of Taxation and Finance

New York State Modifications

Tax Law - Articles 9-A, 22, and 33

CT-225

| | |
|---|---|
| Legal name of corporation EATSTREET, INC. | Employer identification number (EIN) 45-4385093 |
|---|---|

File this form with Form CT-3, CT-3-S, or CT-33.

Complete all parts that apply to you. See Form CT-225-I, *Instructions for Form CT-225*.**Schedule A - Certain New York State additions to federal income****Part 1 - For certain additions to federal income that did not flow through from a partnership, estate, or trust****1** New York State additions (*see instructions*)

| (SEE INSTRUCTIONS) | | | | | | | | | |
|--|----------|--------|--------|---------------------|----|--------|---|----|----|
| Modification number | | Amount | | Modification number | | Amount | | | |
| 1a | ● A- 507 | ● | 3,699 | 00 | 1i | ● A- | ● | | 00 |
| 1b | ● A- 505 | ● | 45,895 | 00 | 1j | ● A- | ● | | 00 |
| 1c | ● A- | ● | | 00 | 1k | ● A- | ● | | 00 |
| 1d | ● A- | ● | | 00 | 1l | ● A- | ● | | 00 |
| 1e | ● A- | ● | | 00 | 1m | ● A- | ● | | 00 |
| 1f | ● A- | ● | | 00 | 1n | ● A- | ● | | 00 |
| 1g | ● A- | ● | | 00 | 1o | ● A- | ● | | 00 |
| 1h | ● A- | ● | | 00 | 1p | ● A- | ● | | 00 |
| Total from additional Form(s) CT-225, if any | | | | | | | | 00 | |

STATEMENT 2

2 Total (add lines 1a through 1p and the total from additional Form(s) CT-225) • **2** **49,594** 00

Part 2 - Corporation's share of certain additions to federal income from a partnership, estate, or trust**3** New York State additions (*see instructions*)

| New Form Data Additions (see instructions) | | | | | | | | | | | |
|--|---|---------------------|--------|--|----|----|---------------------|--------|---|----|----|
| | | Modification number | Amount | | | | Modification number | Amount | | | |
| 3a | ● | EA- | ● | | 00 | 3i | ● | EA- | ● | | 00 |
| 3b | ● | EA- | ● | | 00 | 3j | ● | EA- | ● | | 00 |
| 3c | ● | EA- | ● | | 00 | 3k | ● | EA- | ● | | 00 |
| 3d | ● | EA- | ● | | 00 | 3l | ● | EA- | ● | | 00 |
| 3e | ● | EA- | ● | | 00 | 3m | ● | EA- | ● | | 00 |
| 3f | ● | EA- | ● | | 00 | 3n | ● | EA- | ● | | 00 |
| 3g | ● | EA- | ● | | 00 | 3o | ● | EA- | ● | | 00 |
| 3h | ● | EA- | ● | | 00 | 3p | ● | EA- | ● | | 00 |
| Total from additional Form(s) CT-225, if any | | | | | | | | | | 00 | |

4 Total (add lines 3a through 3p and the total from additional Form(s) CT-225) • **4** 00

5 Total additions (add lines 2 and 4; *see instructions*) • **5** **49,594** 00

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EATSTREET, INC.

-*5093

Schedule B - Certain New York State subtractions from federal income**Part 1 - For certain subtractions from federal income that did not flow through from a partnership, estate, or trust****6** New York State subtractions (see instructions)

| | Modification number | Amount | | Modification number | Amount |
|--|---------------------|-------------|------|---------------------|--------|
| 6a | ● S- 507 | ● 68,154 00 | 6i | ● S- | ● 00 |
| 6b | ● S- | ● 00 | 6j | ● S- | ● 00 |
| 6c | ● S- | ● 00 | 6k | ● S- | ● 00 |
| 6d | ● S- | ● 00 | 6l | ● S- | ● 00 |
| 6e | ● S- | ● 00 | 6m | ● S- | ● 00 |
| 6f | ● S- | ● 00 | 6n | ● S- | ● 00 |
| 6g | ● S- | ● 00 | 6o | ● S- | ● 00 |
| 6h | ● S- | ● 00 | 6p | ● S- | ● 00 |
| Total from additional Form(s) CT-225, if any | | | 0 00 | | |

STATEMENT 3

7 Total (add lines 6a through 6p and the total from additional Form(s) CT-225) • 7 68,154 00

Part 2 - Corporation's share of certain subtractions from federal income from a partnership, estate, or trust**8** New York State subtractions (see instructions)

| | Modification number | Amount | | Modification number | Amount |
|--|---------------------|--------|------|---------------------|--------|
| 8a | ● ES- | ● 00 | 8i | ● ES- | ● 00 |
| 8b | ● ES- | ● 00 | 8j | ● ES- | ● 00 |
| 8c | ● ES- | ● 00 | 8k | ● ES- | ● 00 |
| 8d | ● ES- | ● 00 | 8l | ● ES- | ● 00 |
| 8e | ● ES- | ● 00 | 8m | ● ES- | ● 00 |
| 8f | ● ES- | ● 00 | 8n | ● ES- | ● 00 |
| 8g | ● ES- | ● 00 | 8o | ● ES- | ● 00 |
| 8h | ● ES- | ● 00 | 8p | ● ES- | ● 00 |
| Total from additional Form(s) CT-225, if any | | | 0 00 | | |

9 Total (add lines 8a through 8p and the total from additional Form(s) CT-225) • 9 0 00

10 Total subtractions (add lines 7 and 9; see instructions) • 10 68,154 00

548002221019



| NY | | NET OPERATING LOSS INCURRED AFTER 2014 | | STATEMENT 1 |
|--|----------------|--|----------------|---------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/15 | 431,127. | 49,708. | 381,419. | 381,419. |
| 12/31/16 | 524,678. | 0. | 524,678. | 524,678. |
| 12/31/17 | 739,640. | 0. | 739,640. | 739,640. |
| 12/31/18 | 322,642. | 0. | 322,642. | 322,642. |
| 12/31/19 | 227,637. | 0. | 227,637. | 227,637. |
| 12/31/21 | 223,843. | 0. | 223,843. | 223,843. |
| 12/31/22 | 80,763. | 0. | 80,763. | 80,763. |
| TOTAL NOLD AFTER 2014 | | | 2,500,622. | 2,500,622. |
| NOLD USED THIS YEAR - FORM CT-3.4, LINE 6 | | | 0. | |
| NOLD CARRIED FORWARD - FORM CT-3.4, LINE 7 | | | 2,500,622. | |

| NY FORM CT-225 | | OTHER ADDITIONS | STATEMENT 2 |
|------------------------------|--|-----------------|-------------|
| MODIFICATION NUMBER | DESCRIPTION | AMOUNT | |
| A-507 | FEDERAL DEPRECIATION FROM FORM CT | 3,699. | |
| A-505 | STATE & LOCAL TAXES DEDUCTED ON FEDERAL RETURN | 45,895. | |
| TOTAL TO FORM CT-225, PAGE 1 | | 49,594. | |

| NY FORM CT-225 | | OTHER SUBTRACTIONS | STATEMENT 3 |
|------------------------------|---------------------------------------|--------------------|-------------|
| MODIFICATION NUMBER | DESCRIPTION | AMOUNT | |
| S-507 | ALLOWABLE NEW YORK STATE DEPRECIATION | 68,154. | |
| TOTAL TO FORM CT-225, PAGE 2 | | 68,154. | |

TAX RETURN FILING INSTRUCTIONS

OREGON FORM OR-20

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

Not applicable

Amount of Tax:

| | | |
|------------------------------|----|-----|
| Total tax | \$ | 150 |
| Less: payments and credits | \$ | 300 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| Overpayment | \$ | 150 |

Overpayment:

| | | |
|------------------------------|----|-----|
| Credit to your estimated tax | \$ | 0 |
| Other amount | \$ | 0 |
| Refunded to you | \$ | 150 |

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

The Oregon return has been prepared for electronic filing. No further action is required.

Return Must be Mailed On or Before:

Return to us by November 15, 2023.

Special Instructions:

Document Page 288 of 325

Form **7004**
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns
► File a separate application for each return.
► Go to www.irs.gov/Form7004 for instructions and the latest information.

OMB No. 1545-0233

**Print
or
Type**

Name

EATSTREET, INC.

Number, street, and room or suite no. (If P.O. box, see instructions.)

44 E. MIFFLIN ST, STE 400

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

MADISON, WI 53703

Identifying number

**** - ***5093****Note:** File request for extension by the due date of the return. See instructions before completing this form.**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.**1** Enter the form code for the return listed below that this application is for **12**

| Application Is For: | Form Code | Application Is For: | Form Code |
|---|-----------|-----------------------------------|-----------|
| Form 706-GS(D) | 01 | Form 1120-ND (section 4951 taxes) | 20 |
| Form 706-GS(T) | 02 | Form 1120-PC | 21 |
| Form 1041 (bankruptcy estate only) | 03 | Form 1120-POL | 22 |
| Form 1041 (estate other than a bankruptcy estate) | 04 | Form 1120-REIT | 23 |
| Form 1041 (trust) | 05 | Form 1120-RIC | 24 |
| Form 1041-N | 06 | Form 1120S | 25 |
| Form 1041-QFT | 07 | Form 1120-SF | 26 |
| Form 1042 | 08 | Form 3520-A | 27 |
| Form 1065 | 09 | Form 8612 | 28 |
| Form 1066 | 11 | Form 8613 | 29 |
| Form 1120 | 12 | Form 8725 | 30 |
| Form 1120-C | 34 | Form 8804 | 31 |
| Form 1120-F | 15 | Form 8831 | 32 |
| Form 1120-FSC | 16 | Form 8876 | 33 |
| Form 1120-H | 17 | Form 8924 | 35 |
| Form 1120-L | 18 | Form 8928 | 36 |
| Form 1120-ND | 19 | | |

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a** The application is for calendar year **2022**, or tax year beginning _____, and ending _____
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation.)

| | | |
|---|----------|-------------|
| 6 Tentative total tax | 6 | 150. |
| 7 Total payments and credits. See instructions | 7 | 300. |
| 8 Balance due. Subtract line 7 from line 6. See instructions | 8 | 0. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

2022 Form OR-20
Oregon Corporation Excise Tax Return

Oregon Department of Revenue

Page 1 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year beginning (MM/DD/YYYY)

Fiscal year ending (MM/DD/YYYY)

See instructions for checkboxes (check all that apply)

| | | | |
|---|---|--|---|
| <input type="checkbox"/> New name | <input checked="" type="checkbox"/> New address | <input type="checkbox"/> OR-FCG-20 | <input checked="" type="checkbox"/> Extension |
| <input type="checkbox"/> Form OR-37 | <input type="checkbox"/> REIT/RIC | <input type="checkbox"/> Amended | <input type="checkbox"/> Form OR-24 |
| <input type="checkbox"/> IC-DISC | <input type="checkbox"/> Ag co-op | <input type="checkbox"/> Federal Form 8886 | <input type="checkbox"/> GILTI included on federal form |
| <input type="checkbox"/> Accounting period change | <input type="checkbox"/> Alternative apportionment request included | | |

Corporation legal name

EATSTREET, INC.

Federal employer identification number (FEIN)

**** - ***5093**

Doing business as (DBA) or assumed business name (ABN)

Attn: or c/o, first name

Initial

Attn: or c/o, last name

STEVE

ANASTASI

Corporation current address

1574 W BROADWAY ST STE 200 #PMB1005

City

State

ZIP code

MADISON

WI

53713

Contact first name

Initial

Contact last name

STEVE

ANASTASI

Contact phone

866-654-8777

Email

STEVE.ANASTASI@EATSTREET.COM

Continued on next page



2022 Form OR-20

Oregon Department of Revenue

Page 2 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Only complete questions A through C if this is your first return, or the answer changed during this tax year.

A. Incorporated in (state) Incorporated on (date) (MM/DD/YYYY)

B. State of commercial domicile C. Date business activity began in Oregon (MM/DD/YYYY) D. NAICS code

E. ☐ (1) Consolidated federal return ☐ (2) Consolidated Oregon return ☐ (3) Corporations included in consolidated federal return, but not in Oregon return

F. Parent corporation name, if applicable

Parent corporation FEIN, if applicable G. Number of Oregon corporations

H. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire

I. List the tax years for which your federal taxable income was changed by an IRS audit or by an amended federal return filed during this tax year

J. If first return, indicate: ☐ New business ☐ Successor to previous business

Previous business name

FEIN

K. If final return, indicate: ☐ Withdrawn ☐ Dissolved ☐ Merged or reorganized

Merged or reorganized corporation name

FEIN

L. ☐ Utility or telecommunications companies (see instructions) M. ☐ PL86-272 protected affiliate(s) (see instructions)

N. Fill in the amount of your total Oregon sales N. 24,569.00

Continued on next page



2022 Form OR-20

Oregon Department of Revenue

Page 3 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

1. Taxable income from U.S. corporation income tax return (see instructions) 1. -5,131,799.00
2. Total additions from Schedule OR-ASC-CORP, Section A (see instructions) 2. 32,501.00
3. Income after additions (line 1 plus line 2) 3. -5,099,298.00
4. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions) 4.
5. Income before net loss deduction (line 3 minus line 4). **If income is derived from sources both in Oregon and other states, carry amount from line 5 to Schedule OR-AP, part 2, line 1** 5. -5,099,298.00
6. Net loss deduction if not apportioned (include schedule, enter as a positive number) 6.
7. Net capital loss deduction if not apportioned (include schedule, enter as a positive number) 7.
8. Enter the apportionment percentage from Schedule OR-AP, part 1, line 23; enter 100.0000 if you don't apportion income. **You must include Schedule OR-AP to apportion income** 8. .0850 %
9. Oregon taxable income (line 5 minus lines 6 and 7, or Schedule OR-AP, part 2, line 12) 9. -4,334.00

Tax

10. Calculated excise tax (see instructions) 10. 0.00
11. Schedule OR-FCG-20 adjustment (include schedule) 11.
12. Total calculated excise tax (line 10 minus line 11) 12.
13. Minimum tax (see instructions) 13. 150.00
14. Tax (greater of line 12 or line 13) 14. 150.00
15. Tax adjustments (see instructions, include schedule) 15.
16. Tax before credits (line 14 plus line 15) 16. 150.00

Continued on next page



2022 Form OR-20

Oregon Department of Revenue

Page 4 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Credits

17. Total standard credits from Schedule OR-ASC-CORP, Section C 17.
18. Tax after standard credits (line 16 minus line 17, not less than minimum tax) 18. 150.00
19. Total carryforward credits from Schedule OR-ASC-CORP, Section D 19.

Excise tax

20. Excise tax after standard and carryforward credits (line 18 minus line 19, not below minimum tax; see instructions) 20. 150.00
21. LIFO benefit recapture subtraction (see instructions) 21.
22. Net excise tax (line 20 minus line 21) 22. 150.00
23. Estimated tax payments, other prepayments, and refundable credits from Schedule ES line 8. Include payments made with extension 23. 300.00
24. Withholding payments made on your behalf from pass-through entity or real estate income (include schedule) 24.
25. **Tax due.** Is line 22 more than line 23 plus line 24? If so, line 22 minus lines 23 and 24 **Tax due** 25.
26. **Overpayment.** Is line 22 less than line 23 plus line 24? If so, line 23 plus line 24, minus line 22 **Overpayment** 26. 150.00
27. Penalty due with this return 27.
28. Interest due with this return 28.
29. Interest on underpayment of estimated tax (include Form OR-37) 29.
30. Total penalty and interest (add lines 27 through 29) 30.

Continued on next page



2022 Form OR-20

Oregon Department of Revenue

Page 5 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

31. Total due (line 25 plus line 30) **Total due 31.**

32. **Refund** available (line 26 minus line 30) **Refund 32.** 150.00

33. Amount of refund to be credited to your open estimated tax account 33.

34. Net refund (line 32 minus line 33) **Net refund 34.** 150.00

Schedule ES - Estimated tax payments, other prepayments, and refundable credits

1. Quarter 1

Payer name

Payer FEIN

Date paid

1. Amount paid 1.

2. Quarter 2

Payer name

Payer FEIN

Date paid

2. Amount paid 2.

3. Quarter 3

Payer name

Payer FEIN

Date paid

3. Amount paid 3.

Continued on next page

2022 Form OR-20

Oregon Department of Revenue

Page 6 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

4. Quarter 4

Payer name

Payer FEIN

Date paid

4. Amount paid 4.

Schedule ES

5. Overpayment of another year's tax applied as a credit against this
year's tax 5. **300.00**

6. Payments made with extension or other prepayments for this tax year 6.
Date paid (MM/DD/YYYY)

7. Total refundable credits from Schedule OR-ASC-CORP, Section E 7.

8. Total prepayments and refundable credits (carry to line 23 on page 4) 8. **300.00**

Continued on next page



2022 Form OR-20

Oregon Department of Revenue

Page 7 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Under penalty of false swearing, I declare that the information in this return and any enclosures are true, correct, and complete.

Officer signature

X

Date (MM/DD/YYYY)

Officer first name

Initial

Officer last name

STEVE

ANASTASI

Officer title

CEO

Preparer signature other than taxpayer

X DANIEL T. O'CONNOR, CPA

Date (MM/DD/YYYY)

Phone

Preparer license number

11/09/2023

608-249-6622

P00543528

Preparer first name

Initial

Preparer last name

DANIEL

T

O'CONNOR CPA

Preparer address

PO BOX 7398

City

State

ZIP code

MADISON

WI

53707-7398

Mail refund returns and no tax due returns to:

Refund, PO Box 14777, Salem OR 97309-0960

Mail tax-to-pay returns with payment to:

Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470

Do not include a payment voucher with your return. Include a complete copy of your federal Form 1120 and schedules.



2022 Schedule OR-AP

Oregon Department of Revenue

Apportionment of Income for Corporations and Partnerships

Page 1 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Taxpayer legal name (as shown on your Oregon return)

EATSTREET, INC.

Federal employer identification number (FEIN)

**** - ***5093**

Describe the nature and provide the location(s) of your Oregon business activities:

Part 1 - Apportionment information

Property/real estate income and interest factor

(Don't enter an amount less than zero)

Oregon

| | | |
|---|-----|------|
| 1a. Inventories | 1a. | |
| 2a. Buildings and other depreciable assets | 2a. | 0.00 |
| 3a. Land | 3a. | |
| 4a. Other assets | 4a. | |
| 5a. Minus: Construction in progress | 5a. | |
| 6a. Rented property (capitalize at 8 times the rental rate paid) | 6a. | 0.00 |
| 7a. Net income from real property (insurance only) | 7a. | |
| 8a. Interest received on loans secured by real property (insurance only) | 8a. | |
| 9a. Total property or real estate income and interest (Oregon) | 9a. | 0.00 |

Continued on next page



2022 Schedule OR-AP

Oregon Department of Revenue

Page 2 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Everywhere

| | | |
|---|-----|--------------|
| 1b. Inventories | 1b. | |
| 2b. Buildings and other depreciable assets | 2b. | 1,225,937.00 |
| 3b. Land | 3b. | |
| 4b. Other assets | 4b. | |
| 5b. Minus: Construction in progress | 5b. | |
| 6b. Rented property (capitalize at 8 times the rental rate paid) | 6b. | 4,130,968.00 |
| 7b. Net income from real property (insurance only) | 7b. | |
| 8b. Interest received on loans secured by real property (insurance only) | 8b. | |
| 9b. Total property or real estate income and interest (Everywhere) | 9b. | 5,356,905.00 |

Payroll factor (wage and commission)

Oregon

| | | |
|---|------|--|
| 10a. Compensation of officers | 10a. | |
| 11a. Other wages, salaries, and commissions | 11a. | |
| 12a. Total wages and compensation (Oregon) | 12a. | |

Everywhere

| | | |
|---|------|--|
| 10b. Compensation of officers | 10b. | |
| 11b. Other wages, salaries, and commissions | 11b. | |
| 12b. Total wages and compensation (Everywhere) | 12b. | |

Continued on next page

2022 Schedule OR-AP

Oregon Department of Revenue

Page 3 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Sales factor

Oregon

13. Shipped from outside Oregon 13.

14. Shipped from inside Oregon 14.

15. Shipped from Oregon to the United States government 15.

16. Shipped from Oregon to purchasers where corporation
isn't taxable 16.

17. Partnership sales (from Schedule OR-PI) 17.

18. Other business receipts 18. **STATEMENT 1** 24,569.00

19. Direct premiums (insurance only) 19.

20. Annuity considerations (insurance only) 20.

21. Finance and service charge (insurance only) 21.

22a. Total sales (Oregon) 22a. 24,569.00

Everywhere

22b. Total sales (Everywhere) 22b. 28,893,995.00

23. **Oregon apportionment percentage (See Instructions)** (Enter the **STATEMENT 2**
amount from the worksheet) (Round to four decimal places) 23. .0850 %

Continued on next page



2022 Schedule OR-AP

Oregon Department of Revenue

Page 4 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Part 2 - Taxable income computation

| | | |
|--|------------------|---------------|
| 1. Income | 1. | -5,099,298.00 |
| 2. Subtract: Net nonapportionable income included in line 1. Include schedule | 2. | |
| 3. Subtract: Gains from prior year installment sales included in line 1. Include schedule | 3. | |
| 4. Total net income subject to apportionment | 4. | -5,099,298.00 |
| 5. Oregon apportionment percentage (from part 1, line 23) (Round to four decimal places) | 5. | .0850 % |
| 6. Income apportioned to Oregon (line 4 times line 5) | 6. | -4,334.00 |
| 7. Add: Net nonapportionable income allocated entirely to Oregon. Include schedule | 7. | |
| 8. Add: Gain from prior year installment sales apportioned to Oregon. Include schedule | 8. | |
| 9. Total of lines 6, 7, and 8 | 9. | -4,334.00 |
| 10a. Oregon apportioned net loss from prior years. Include schedule ... | 10a. STATEMENT 3 | 0.00 |
| 10b. Net capital loss from other years. See instructions. Include schedule | 10b. | |
| 11. Total loss (line 10a plus line 10b) | 11. | |
| 12. Oregon taxable income (line 9 minus line 11) | 12. | -4,334.00 |



2022 Schedule OR-ASC-CORP
Oregon Adjustments for Corporations

Oregon Department of Revenue

Page 1 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Use this form to claim additions, subtractions, or credits that aren't specifically included on your corporation or insurance return.
Use codes from the appendices in the Form OR-20, OR-20-INC, OR-20-INS, or OR-20-S instructions.

Corporation legal name (as shown on your Oregon return)

EATSTREET, INC.

Federal employer identification number (FEIN)

**** - ***5093**

Section A: Additions

Code

Amount

| | | | |
|------|-----|------|-----------|
| A1. | 151 | A2. | 32,501.00 |
| A3. | | A4. | |
| A5. | | A6. | |
| A7. | | A8. | |
| A9. | | A10. | |
| A11. | | A12. | |
| A13. | | A14. | |
| A15. | | A16. | |
| A17. | | A18. | |
| A19. | | A20. | |

A21. Enter **total** of section. Enter this amount on Form OR-20, line 2;

Form OR-20-INC, line 2; Form OR-20-INS, line 8; or

Form OR-20-S, line 2 **Total A21.**

32,501.00

Continued on next page

2022 Schedule OR-ASC-CORP

Oregon Department of Revenue

Page 2 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Section B: Subtractions

Code Amount

B1. B2.

B3. B4.

B5. B6.

B7. B8.

B9. B10.

B11. B12.

B13. B14.

B15. B16.

B17. B18.

B19. B20.

B21. Enter **total** of section. Enter this amount on Form OR-20, line 4;

Form OR-20-INC, line 4; Form OR-20-INS, line 10; or

Form OR-20-S, line 3 **Total B21.**

0.00

Section C: Standard credits

Code Amount

C1. C2.

C3. C4.

C5. C6.

C7. Enter **total** of section. Enter this amount on Form OR-20, line 17;

Form OR-20-INC, line 11; or Form OR-20-INS, line 20 **Total C7.**

0.00

Continued on next page

2022 Schedule OR-ASC-CORP

Oregon Department of Revenue

Page 3 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Section D: Carryforward credits

| Code | Amount from prior year |
|------|--------------------------|
| D1. | D2. |
| | Amount awarded this year |
| | D3. |
| | Total used this year |
| | D4. |
| Code | Amount from prior year |
| D5. | D6. |
| | Amount awarded this year |
| | D7. |
| | Total used this year |
| | D8. |
| Code | Amount from prior year |
| D9. | D10. |
| | Amount awarded this year |
| | D11. |
| | Total used this year |
| | D12. |
| Code | Amount from prior year |
| D13. | D14. |
| | Amount awarded this year |
| | D15. |
| | Total used this year |
| | D16. |
| Code | Amount from prior year |
| D17. | D18. |
| | Amount awarded this year |
| | D19. |
| | Total used this year |
| | D20. |

Continued on next page

2022 Schedule OR-ASC-CORP

Oregon Department of Revenue

Page 4 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

D21. Enter the **total** of the amounts of "Total used this year" in this section.

Enter this amount on Form OR-20, line 19; Form OR-20-INC, line 13;

Form OR-20-INS, line 22; or Form OR-20-S, line 15 **Total** D21.

0.00

Section E: Refundable credits

Code

Amount

E1.

E2.

E3. Enter **total** of section. Enter this amount on Form OR-20, line 7;

Form OR-20-INC, line 7; or Form OR-20-INS, line 7 **Total** E3.

0.00

You must include this form with your Oregon corporation or insurance tax return.

| SCHEDULE OR-AP | OTHER BUSINESS GROSS RECEIPTS | STATEMENT 1 |
|------------------------------------|-------------------------------|-------------|
| DESCRIPTION | | OREGON |
| OTHER RECEIPTS | | 24,569. |
| TOTAL TO SCHEDULE OR-AP-1, LINE 18 | | 24,569. |

| SCHEDULE OR-AP | APPORTIONMENT | STATEMENT 2 |
|--|---------------|--------------------------|
| OREGON STANDARD APPORTIONMENT METHOD | | |
| | (A) | (B) (C) = (A/B) X 100 |
| 1. TOTAL SALES AND OTHER RECEIPTS (SCHEDULE OR-AP-1, LINE 22) | 24,569. | 28,893,995. |
| 2. OREGON APPORTIONMENT PERCENTAGE (ENTER ON SCHEDULE OR-AP-1, LINE 23) | | .0850% |

| SCHEDULE OR-AP-2 | | OREGON NET OPERATING LOSS DEDUCTION | | STATEMENT 3 |
|--|----------------------------|-------------------------------------|-------------------|-----------------------------|
| LOSS TAX YEAR ENDING | ORIGINAL LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | LOSS AVAILABLE THIS YEAR |
| 12/31/21 | 13,428. | 0. | 13,428. | 13,428. |
| TOTAL NOL AVAILABLE ON SCH OR-AP-2, LINE 10A | | | | 13,428. |

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM RCT-101

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|---|
| Total tax | \$ | 0 |
| Less: payments and credits | \$ | 0 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| No payment required | \$ | |

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the PADOR, please sign, date and return Form PA-8879-C to our office. We will then submit the return to the PADOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Return Form PA-8879-C to us by November 15, 2023.

Special Instructions:

FOR YOUR RECORDS
DO NOT FILE

FOR YOUR RECORDS
DO NOT FILE

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS COUPON.

275511 01-05-23 CCH

DETACH HERE BEFORE MAILING

cut here

pennsylvania
DEPARTMENT OF REVENUE

REV-853 (SU) 11-21 (I)

PA CORPORATE NET INCOME TAX

REV-853 ANNUAL EXTENSION REQUEST

DEPT USE ONLY

File Period Begin File Period End Revenue ID
01012022 12312022 1001046936

Corporation Name
EATSTREET, INC

USE WHOLE DOLLARS ONLY

State of Incorporation EIN
WI *****

1. CNI TAX PAYMENT \$ 0.00

Street Address
44 E MIFFLIN ST STE 40

City State ZIP
MADISON WI 53703



8530022139

Signature

Title
CEO

Date

Email
STEVE.ANASTASI@EATSTREET.COM

Telephone
6125987469

DEPARTMENT USE ONLY

RCT-101 07-22 PAGE 1 OF 4
PA CORPORATE NET INCOME TAX REPORT 2022

STEP A:

Tax Year Beginning 01012022 Tax Year Ending 12312022

STEP B:

Economic Nexus N
Revenue ID 1001046936
Federal EIN 454385093 Parent Corporation EIN
NAICS code 722300
Corporation Name EATSTREET, INC
Address Line 1 1574 W BROADWAY ST STE
Address Line 2
City MADISON
State WI
ZIP 53713
Province
Country Code
Foreign Postal Code
Address Change Y

IRS Filing Type A = 1120 B = 1120S C = Other A

STEP C:

| | | | |
|---|---|---|--|
| N | Initial Report | N | S Corp filing as C Corp |
| N | Final Report (must include REV-861 and REV-181, where applicable) | N | KOZ/SDA CREDIT |
| N | Amended Report | N | Royalty/Related Interest Add-Back (Act 52 of 2013) |
| N | File Period Change | N | S Corp Taxable Built-in Gains |
| N | Change Fed Group | N | Section 381/382/Merger NOLs |
| N | 52-53 Week Filer | N | Alternative Apportionment |
| | | N | Claiming P.L. 86-272 Protection |

SECTION A: GENERAL INFORMATION QUESTIONNAIRE

1. State of Incorporation: WI
2. Date of Incorporation: (MMDDYYYY) 01012012
3. Date Commenced Doing Business in PA:
4. Describe corporate activity in PA: FOOD DELIVERY OPERATIONS
5. Describe corporate activity outside PA: FOOD DELIVERY PLATFORM AND OPERATIONS
6. Other states in which taxpayer has activity: AZ, CA, CT, DE, IA, IL, IN, MI, NY, NJ, NC, VA, WI
7. Does this corporation own all or a majority of stock in other corporations? N If yes, include the REV-798, Schedule X.
8. Has the federal government changed taxable income as originally reported for any period for which reports of change have not been filed? N If yes, file the RCT-128C.



1010022139

274301 12-16-22 CCH

1010022139

REVENUE ID 1001046936
TAX YEAR END 12312022 NAME EATSTREET, INC

RCT-101 07-22 PAGE 2 OF 4 PA CORPORATE NET INCOME TAX REPORT 2022

SECTION B: SCHEDULE C-1: Apportionment Schedule For Corporate Net Income Tax (Include RCT-106.) *

| Sales Factor | | | Special Apportionment | | |
|---------------|----|----------|-----------------------|----|---|
| Sales - PA | 1A | 326139 | Numerator | 2A | 0 |
| Sales - Total | 1B | 28893995 | Denominator | 2B | 0 |
| Sales Factor | 1C | 0.011287 | Special Apportionment | 2C | 0 |

USE WHOLE DOLLARS ONLY

SECTION C: PA CORPORATE NET INCOME TAX

| | | |
|--|----|-----------|
| 1. Income or loss from federal return on a separate-company basis. | 1 | - 5131799 |
| 2. DEDUCTIONS: | | |
| 2A. Corporate dividends received (from REV-798, Schedule C-2, Line 7). | 2A | 0 |
| 2B. Interest on U.S. securities (GROSS INTEREST minus EXPENSES). | 2B | 0 |
| 2C. Current yr. addtl. PA deprec. plus adjust. for sale (REV-1834, Sched. C-8, Line 8). | 2C | 0 |
| 2D. Other (from REV-860, Schedule OD) See instructions. | 2D | 68154 |
| TOTAL DEDUCTIONS - Add Lines 2A through 2D and enter the result on Line 2. | 2 | 68154 |
| 3. ADDITIONS: | | |
| 3A. Taxes imposed on or measured by net income (from REV-860, Schedule C-5, Line 6). | 3A | 32501 |
| 3B. Current year bonus depreciation (REV-1834, Sched. C-8, Line 3). | 3B | 0 |
| 3C. Intangible expense or related interest expense (REV-802, Sched. C-6; must include REV-802). | 3C | 0 |
| 3D. Other (from REV-860, Schedule OA) See instructions. | 3D | 3699 |
| TOTAL ADDITIONS - Add Lines 3A through 3D and enter the result on Line 3. | 3 | 36200 |
| 4. Income or loss with Pennsylvania adjustments (Line 1 minus Line 2 plus Line 3). | 4 | - 5163753 |
| 5. Total nonbusiness income or loss (from REV-934, Column C, Total; must include REV-934). | 5 | 0 |
| 6. Income or loss to be apportioned (Line 4 minus Line 5). | 6 | - 5163753 |
| 7. Apportionment (from Schedule C-1, 1C, or 2C if using Special Apportionment). | 7 | 0.011287 |
| 8. Income or loss apportioned to PA (Line 6 times Line 7). | 8 | - 58283 |
| 9. Nonbusiness income or loss allocated to PA (from REV-934, Column A, Total; must include REV-934). | 9 | 0 |
| 10. PA taxable income or loss after apportionment (Line 8 plus Line 9). | 10 | - 58283 |
| 11. Total net operating loss deduction (from RCT-103, Part A, Line 4). | 11 | 0 |
| 12. PA taxable income or loss (Line 10 minus Line 11). | 12 | - 58283 |
| 13. Qualified Manufacturing Innovation and Reinvestment Deduction (cannot reduce tax liability by more than 50%). | 13 | 0 |
| 14. PA corporate net income tax ((Line 12 - Line 13) times 0.0999). If line 12 is less than zero , enter "0". | 14 | 0 |
| 15. Credit for tax paid by affiliate(s) for intangible expense or related interest expense (from REV-803, Sched. C-7; must include REV-803). | 15 | 0 |
| 16. Tax Liability (Line 14 minus Line 15). | 16 | 0 |
| 17. Credit for CNI Tax Withholding (from PA Schedule CP, line 16). | 17 | 0 |
| 18. Estimated Payments & Credits on Deposit. | 18 | 0 |
| 19. Restricted Credits (cannot exceed line 16). | 19 | 0 |
| 20. Total Due/Overpayment (Line 16 minus lines 17, 18 and 19). | 20 | 0 |



REVENUE ID 1001046936

TAX YEAR END 12312022 NAME EATSTREET, INC

RCT-101 07-22 PAGE 3 OF 4 PA CORPORATE NET INCOME TAX REPORT 2022

SECTION D: TRANSFER/REFUND METHOD

- | | | | |
|----|--|---|---|
| 1. | Transfer (Amount to be credited to the next tax year after offsetting all unpaid liabilities). | 1 | 0 |
| 2. | Refund (Amount to be refunded after offsetting all unpaid liabilities). | 2 | 0 |

DIRECT DEPOSIT: Banking rules do not permit direct deposit to bank accounts outside the U.S. If your bank account is outside the U.S., do not complete the direct deposit field or bank routing and account number information below in this case, and you will receive a check from the Department. If your refund will be going to a bank account within the U.S., you have the option to have your refund directly deposited.

| | | |
|--------------------------|-----------|-----------|
| Direct Deposit | Routing # | Account # |
| C = Checking S = Savings | | |

SECTION E: BULK SALE

*Schedule of Disposition of Assets, REV-861, must be completed and filed with this report.

Has the corporation sold or transferred in bulk, 51 percent or more of any class of assets? (See instructions.)

N

If yes, enter the following information. (Include a separate schedule if additional space is needed.)

Purchaser Name
Address Line 1
Address Line 2
City
State
ZIP
Province
Country Code
Foreign Postal Code

SECTION F: SCHEDULE OF REAL PROPERTY IN PA (Include a separate schedule if additional space is needed.)

did you own or rent property in pa titled to the corporation or any Single Member LLC during this filing period?

N

If yes, the below section must be completed.

O = Own

R = Rent

Street Address

City

County

K0Z/K0EZ



1010022339

REVENUE ID 1001046936
TAX YEAR END 12312022 NAME EATSTREET, INC

RCT-101 07-22 PAGE 4 OF 4 PA CORPORATE NET INCOME TAX REPORT 2022

SECTION G: CORPORATE OFFICER (Must sign affirmation below.)

CORPORATE OFFICERS

(See instructions.)

SSN

Last Name

First Name

MI

Must provide requested information
for all filled officer positions.

President/Managing Partner

ANASTASI

STEVE

Vice President

Secretary

Treasurer/Tax Manager

NAME STEVE ANASTASI
PHONE 8666548777
EMAIL STEVE.ANASTASI@EATSTREET.COM

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If this report is an amended report, the taxpayer hereby consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

Corporate Officer Signature

Date

PREPARER'S INFORMATION

Firm Federal EIN 390859910
Firm Name BAKER TILLY US, LLP
Preparer's Name DANIEL T O'CONNOR CPA
Preparer's SSN/PTIN P00543528
Address Line 1 PO BOX 7398
Address Line 2
City MADISON
State WI
ZIP 537077398
Province
Country Code
Foreign Postal Code

FORM 1019
BARCODE 0000

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.

Tax Preparer's Signature

Date

DANIEL T. O'CONNOR, CPA

11 09 23



1010022439

RCT-103 04-22 NET OPERATING LOSS SCHEDULE
(File with RCT-101.)

2022

Tax Year Beginning 01012022 Revenue ID 1001046936
Tax Year Ending 12312022
Corporation Name EATSTREET, INC

Part A

| | | |
|--|---|---------|
| 1. Taxable income from RCT-101, Section C, Line 10. | 1 | 0 |
| 2. Total net operating loss carryforward to current period. (Total, Column C below.) | 2 | 1014392 |
| 3. Line 1 multiplied by <u>0.400000</u> percent. (See Instructions in the REV-1200.) | 3 | 0 |
| 4. Net operating loss deduction allowed for current tax period. (Carry to RCT-101, Page 2, Line 11.) | 4 | 0 |

| Part B | A. Tax Period Beginning | B. Tax Period Ending | C. Net Loss Carryforward to Current Period | D. Amount Deducted (Current Period) | E. Net Loss Carryforward to Next Period |
|--------|-------------------------|----------------------|--|-------------------------------------|---|
| 1 | 01012016 | 12312016 | 242649 | 0 | 242649 |
| 2 | 01012017 | 12312017 | 411002 | 0 | 411002 |
| 3 | 01012018 | 12312018 | 201630 | 0 | 201630 |
| 4 | 01012019 | 12312019 | 159111 | 0 | 159111 |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |

CURRENT TAX YEAR

LOSS ONLY

01012022 12312022 58283

TOTAL (Columns C and D Lines 1-20 ONLY) 1014392 0



pennsylvania
DEPARTMENT OF REVENUE

1060022101

RCT-106 (SU) 08-22
**DETERMINATION OF
APPORTIONMENT PERCENTAGE**
INSERT SHEET
FILE WITH RCT-101

Corporation Name

EATSTREET, INC

| | | | |
|------------|-----------|--------------------|-----------------|
| Revenue ID | FEIN | Tax Year Beginning | Tax Year Ending |
| 1001046936 | 454385093 | 01012022 | 12312022 |

| SALES FACTOR | Description | Inside PA | Inside and Outside PA |
|---|-------------|------------|-----------------------|
| 1. Sales (net of returns and allowances) | | 0 | 0 |
| 2. Interest, Rents, Royalties | | 0 | 0 |
| 3. Gross Receipts from the Sale of Other Business Assets (except securities, unless you are a securities dealer) | | 0 | 0 |
| 4. Other Sales (receipts only) | | 326139 | 28893995 |
| 5. Partner's Share of Sales from Partnerships | | 0 | 0 |
| 6. Total Sales | | (A) 326139 | (B) 28893995 |

(C) Sales Factor (Divide A by B; calculate to six decimal places.)

(C) • 011287

Carry (A), (B) and (C) to RCT-101,
Schedule C-1, Lines 1A, 1B and 1C.**SPECIAL APPORTIONMENT**

Special apportionment to be completed only by railroad, truck, bus, airline or qualified air freight forwarding companies; pipeline or natural gas companies; water transportation companies; or satellite television services providers. Refer to instructions.

(A) NUMERATOR

= (C) •

Carry (A), (B) and (C) to RCT-101,
Schedule C-1, Lines 2A, 2B and 2C.

(B) DENOMINATOR

(C) Special Apportionment (Divide A by B; calculate to six decimal places.)



1060022101

1060022101

pennsylvania
DEPARTMENT OF REVENUE (SU) 09-22**REV-860****SCHEDULE C-5 - SCHEDULE OF TAXES**

Corporation Name

EATSTREET, INC

Revenue ID

1001046936

FEIN

454385093

Tax Year Beginning

01012022

Tax Year Ending

12312022

| | | |
|---|----------------|----------------|
| 1. PA Corporate Net Income Tax | 6500 | |
| 2. Philadelphia Business Income and Receipts Tax (BIRT) | | |
| - Net Income Portion | 0 | |
| 3. Income Taxes - Other States | 26001 | |
| 4. Local Income Taxes | 0 | |
| 5. Other Income Taxes | 0 | |
| 6. Total Income Taxes (Add Lines 1 through 5) | | |
| Carry to RCT-101, Page 2, Line 3A | | 32501 |
| 7. PA Capital Stock/Foreign Franchise Tax | | |
| (Not applicable for tax years beginning on or after Jan. 1, 2016) | | |
| 8. Philadelphia Business Income and Receipts Tax (BIRT) | | |
| - Gross Receipts Portion | 0 | |
| 9. Payroll Taxes | 2199826 | |
| 10. Real Estate Taxes | 0 | |
| 11. Sales and Use Tax | 0 | |
| 12. Business Privilege Tax - Other than Income | 0 | |
| 13. Occupancy Tax | 0 | |
| 14. Local Taxes - Not Based on Income | 0 | |
| 15. Other Taxes - Not Based on Income | 45499 | |
| 16. Total Taxes Not Imposed on or Measured by Income | | |
| (Add Lines 7 through 15) | | 2245325 |
| 17. Total Tax Expense Reported on Federal Income Tax Return | | |
| (Add Lines 6 and 16) | | 2277826 |

SCHEDULE OA - OTHER ADDITIONS

| DESCRIPTION | AMOUNT |
|---|-------------|
| Tax Preference Items | |
| DEPRECIATION ADJUSTMENT | 3699 |
| | |
| Total Carry to RCT-101, Section C, Line 3D | 3699 |

SCHEDULE OD - OTHER DEDUCTIONS

| DESCRIPTION | AMOUNT |
|---|--------------|
| Federal Wages Disallowed as a Result of Tax Credits Under IRC Sec 45B or IRC Sec 51 | |
| BASIS DIFFERENCE ON DISPOSED ASSETS | 68154 |
| | |
| Total Carry to RCT-101, Section C, Line 2D | 68154 |

| PA REV-860 | OTHER DEDUCTIONS | STATEMENT 1 |
|--|------------------|-------------|
| DESCRIPTION | AMOUNT | |
| BASIS DIFFERENCE ON DISPOSED ASSETS | 68,154. | |
| TOTAL TO FORM REV-860 SCH OD AND RCT-101, SECTION C, LINE 2D | 68,154. | |

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|------------------------------------|---------------|--------|------|------------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 1 | R&D EXPENSES | 07/01/22 | 174 | 60M | | 42 | 2,699,574. | | | | 2,699,574. | | | 269,958. | 269,958. |
| 2 | R&D EXPENSES - OFFSHORE | 07/01/22 | 174 | 180M | | 42 | 288,907. | | | | 288,907. | | | 9,630. | 9,630. |
| | * TOTAL OTHER DEPRECIATION & AMORT | | | | | | 2,988,481. | | | | 2,988,481. | 0. | | 279,588. | 279,588. |
| | | | | | | | | | | | | | | | |
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | | 0. | | 0. | 0. | 0. | 0. | | | 0. |
| | ACQUISITIONS | | | | | | 2,988,481. | | 0. | 0. | 2,988,481. | 0. | | | 279,588. |
| | DISPOSITIONS/RETIRED | | | | | | 0. | | 0. | 0. | 0. | 0. | | | 0. |
| | ENDING BALANCE | | | | | | 2,988,481. | | 0. | 0. | 2,988,481. | 0. | | | 279,588. |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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pennsylvania
DEPARTMENT OF REVENUE**e-file Signature Authorization for
RCT-101, PA Corporate Net Income Tax Report****2022****PA-8879 C** (SU) 09-22

See instructions.

For calendar year 2022 or tax year beginning , 2022, ending , 20 .

Name of Corporation

EATSTREET, INC

Federal Employer Identification Number (FEIN)

**** - ***5093**

Corporation Address

1574 W BROADWAY ST STE

City

MADISON

State

WI

ZIP Code

53713

Revenue ID Number

1001046936**SECTION I TAX REPORT INFORMATION** (Whole dollars only.)

| | | |
|---|----|------------------|
| 1. Income or Loss from Federal Return on a Separate Company Basis (From RCT-101, Section C, Line 1) | 1. | - 5131799 |
| 2. PA Taxable Income or Loss (From RCT-101, Section C, Line 12) | 2. | - 58283 |
| 3. PA Corporate Net Income Tax Due (From RCT-101, Section C, Line 20) | 3. | |

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF OFFICER (Keep a copy of the corporation's tax report.)

Under penalties of perjury, I declare I am an officer of the above-named corporation and I examined a copy of the corporation's 2022 electronic tax report, accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct and complete. I further declare the amounts in Section I above are the amounts shown on the copy of the corporation's electronic tax report. I consent to allow my electronic return originator (ERO) and/or transmitter to send the corporation's report to the PA Department of Revenue and receive from the PA Department of Revenue an acknowledgement of receipt or reason for rejection of the transmission. If applicable, I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal entry to the financial institution account indicated in the tax preparation software for payment of the corporation's state taxes owed on this report, and I authorize the financial institution to debit the entry to this account. **To revoke a payment, I must contact my financial institution account indicated in the tax preparation software for payment of the corporation state taxes.** I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I selected a federal self-select PIN as my signature for the corporation's electronic tax report and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's Federal Self-Select PIN (Check one box only.):

☒ I authorize **BAKER TILLY US, LLP** to enter my federal self-select PIN **12345** as my
ERO firm name Do not enter all zeros.
signature on the corporation's electronically filed tax report.

☐ As an officer of the corporation, I will enter my federal self-select PIN as my signature on the corporation's electronically filed tax report.

| | | | |
|--|------------------------|---------------------|---|
| Signature of Officer | Date | Title CEO | Social Security number ** - ***** |
| Address 1574 W BROADWAY ST STE | City MADISON | State WI | ZIP Code 53713 |

SECTION III CERTIFICATION AND AUTHENTICATION**ERO's EFIN/PIN** (Enter your six-digit EFIN followed by your five-digit federal self-select PIN.):**39095054321**
Do not enter all zeros.

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my federal self-select PIN, which is my signature on the tax year 2022 electronically filed PA corporate net income tax report for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature ► **DANIEL T. O'CONNOR, CPA** Date ► **11 09 23**

**Electronic Return Originators (EROs) must retain this form and supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.**

pennsylvania

DEPARTMENT OF REVENUE

Appendix for PA-8879 C

PA-8879 C APP (SU) 09-22

e-file Signature Authorization for RCT-101, PA Corporate Net Income Tax Report

ELECTRONIC SIGNATURE SPECIFICATIONS

Below, find the Perjury Statement, Consent to Disclosure and Electronic Funds Withdrawal Consent used to develop jurat language statements for electronic filing tax preparation software where the practitioner federal self-select PIN method is selected. The software must provide the capability to incorporate these elements into the appropriate text for presentation to a taxpayer for his or her review.

PERJURY STATEMENT

Under penalties of perjury, I declare I am an officer of the above-named corporation; I have examined a copy of the corporation's 2022 electronic RCT-101, PA Corporate Net Income Tax Report, accompanying schedules and statements; and to the best of my knowledge and belief they are true, correct and complete.

CONSENT TO DISCLOSURE

I consent to allow my electronic return originator (ERO) or transmitter to send the corporation's return/report to the Internal Revenue Service (IRS) and subsequently by the IRS to the PA Department of Revenue.

ELECTRONIC FUNDS WITHDRAWAL CONSENT

I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal entry to my financial institution account designated in the electronic payment portion of my 2022 RCT-101 for payment of my Pennsylvania taxes owed; and my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. To revoke a payment, I must contact my financial

institution account indicated in the tax preparation software for payment of the corporation state taxes.

OFFICER'S SIGNATURE

I am signing this tax return/report and Electronic Funds Withdrawal Consent, if applicable, by entering my federal self select PIN below.

Officer's PIN: 12345

Date: _____

ERO DECLARATION

I declare the information in this electronic tax return/report is the information furnished to me by the corporation. If the corporation furnished me a completed tax return/report, I declare that the information contained in this electronic tax return/report is identical to that contained in the return/report provided by the corporation. If the furnished return/report was signed by a paid preparer, I declare I entered the paid preparer's identifying information in the appropriate portion of this electronic return/report. If I am the paid preparer, under penalties of perjury, I declare I examined this electronic return/report, and to the best of my knowledge and belief it is true, correct and complete.

ERO SIGNATURE

I am signing this tax return/report by entering my federal self select PIN below.

ERO's EFIN: 390950 (EFIN)

and PIN: 54321 (PIN)

TAX RETURN FILING INSTRUCTIONS

TEXAS FORM 05-158-A/05-158-B AND 05-102

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

Not applicable

Amount of Tax:

| | | |
|------------------------------|----|----------|
| Total tax | \$ | 0.00 |
| Less: payments and credits | \$ | 2,500.00 |
| Plus: other amount | \$ | 0.00 |
| Plus: interest and penalties | \$ | 0.00 |
| Overpayment | \$ | 2,500.00 |

Overpayment:

| | | |
|------------------------------|----|----------|
| Credit to your estimated tax | \$ | 0.00 |
| Other amount | \$ | 0.00 |
| Refunded to you | \$ | 2,500.00 |

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

The Texas return has been prepared for electronic filing. No further action is required.

Return Must be Mailed On or Before:

Return to us by November 15, 2023.

Special Instructions:

■ Tcode 13258 ANNUAL

■ Taxpayer number

■ Report year

Due date

2023

05/15/2023

| | | | | |
|---|--------------------|-----------------------|---------------------------------|--|
| Taxpayer name EATSTREET, INC. | | | | Secretary of State file number or Comptroller file number |
| Mailing address 44 E. MIFFLIN ST, STE 400 | | | | |
| City MADISON | State WI | Country USA | ZIP code plus 4 53703 | Check box if the address has changed <input type="checkbox"/> |
| Check box if this is a combined report <input type="checkbox"/> | | | | |

If an online extension payment is made, the taxable entity should NOT submit a paper Extension Request (Form 05-164).


If this extension is for a combined group, you must also complete and submit Form 05-165.

Note to mandatory Electronic Fund Transfer (EFT) payers:
When requesting a second extension do not submit an Affiliate List Form 05-165.

1. Extension payment (Dollars and cents)

1.■

2500.00

| | | |
|---|------|--|
| Print or type name STEVE ANASTASI | | Area code and phone number (612) 598 -7469 |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. | | Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348 |
| sign here  | Date | |

Instructions for each report year are online at www.comptroller.texas.gov/taxes/franchise/forms/. If you have any questions, call 1-800-252-1381.

Taxpayers who paid \$10,000 or more during the preceding fiscal year (Sept. 1 thru Aug. 31) are required to electronically pay their franchise tax.
For more information visit www.comptroller.texas.gov/taxes/franchise/filing-requirements.php.

Texas Comptroller Official Use Only



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|---------|--|--|--|--|--|
| VE/DE | | | | | |
| PM Date | | | | | |



1019

144198 C 280701

Document Page 300 of 325

TX2023 05-102

Texas Franchise Tax Public Information Report

Ver. 14.0

(Rev.9-15/33)

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

You have certain rights under Chapter 552 and 559,

Government Code, to review, request and correct information

we have on file about you. Contact us at 1-800-252-1381.

2023

| | | | |
|---|-----------------|---|--|
| Taxpayer name EATSTREET, INC. | | <input checked="" type="checkbox"/> Check box if the mailing address has changed. | |
| Mailing address 1574 W BROADWAY ST STE 200 #PMB1005 | | Secretary of State (SOS) file number or Comptroller file number | |
| City MADISON | State WI | ZIP code plus 4 53713 | |

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

| |
|---|
| Principal office 1574 W BROADWAY ST STE 200 #PMB1005, MADISON, WI 53713 |
| Principal place of business 1574 W BROADWAY ST STE 200 #PMB1005, MADISON, WI 53713 |

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below!

0454385093023

This report must be signed to satisfy franchise tax requirements.**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

| | | | |
|--|----------------------|--|---------------------------------------|
| Name MATT HOWARD | Title CEO | Director <input type="checkbox"/> YES | Term expiration m m d d y y |
| Mailing address 131 W. WILSON ST, STE 400 | City MADISON | State WI | ZIP Code 53703 |
| Name STEVE ANASTASI | Title CTO | Director <input type="checkbox"/> YES | Term expiration m m d d y y |
| Mailing address 131 W. WILSON ST, STE 400 | City MADISON | State WI | ZIP Code 53703 |
| Name MICHELLE DAMA | Title CLO | Director <input type="checkbox"/> YES | Term expiration m m d d y y |
| Mailing address 1724 DUNWOODY LANE | City WAUNAKEE | State WI | ZIP Code 53597 |

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

| | | | |
|--|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

| | | | |
|---|--------------------|--|-------------------------|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Registered agent and registered office currently on file (see instructions if you need to make changes) | | You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. | |
| Agent: | | | |
| Office: | City | State | ZIP Code |

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

| | | | |
|--|---------------------|------|---|
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution. | | | |
| sign here | Title CEO | Date | Area code and phone number (866) 654-8777 |

Texas Comptroller Official Use Only



| | | | |
|-------|--------------------------|---------|--------------------------|
| VE/DE | <input type="checkbox"/> | PIR IND | <input type="checkbox"/> |
|-------|--------------------------|---------|--------------------------|



144198 C 280711
TX2023 05-158-A
Ver. 14.0 (Rev.9-16/9)

Texas Franchise Tax Report - Page 1

■ Tcode 13250 ANNUAL

■ Taxpayer number

■ Report year

Due date

2023

05/15/2023

| | | | | |
|--|--------------------|---|---------------------------------|--|
| Taxpayer name EATSTREET, INC. | | | | Secretary of State file number or Comptroller file number |
| Mailing address 1574 W BROADWAY ST STE 200 #PMB1005 | | | | |
| City MADISON | State WI | Country USA | ZIP code plus 4 53713 | Check box if the address has changed <input checked="" type="checkbox"/> |
| Check box if this is a combined report <input type="checkbox"/> | | Check box if Total Revenue is adjusted for Tiered Partnership Election, see instructions <input type="checkbox"/> | | |
| Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

** If not twelve months, see instructions for annualized revenue

| Accounting year | m | m | d | d | y | y | Accounting year | m | m | d | d | y | y | SIC code | NAICS code |
|-----------------|---|---|---|---|---|---|-----------------|---|---|---|---|---|---|----------|------------|
| begin date** | 0 | 1 | 0 | 1 | 2 | 2 | end date | 1 | 2 | 3 | 1 | 2 | 2 | | |

REVENUE (Whole dollars only)

| | | |
|--|------|-------------|
| 1. Gross receipts or sales | 1.■ | 28834297.00 |
| 2. Dividends | 2.■ | 0.00 |
| 3. Interest | 3.■ | 15864.00 |
| 4. Rents (can be negative amount) | 4.■ | 0.00 |
| 5. Royalties | 5.■ | 0.00 |
| 6. Gains/losses (can be negative amount) | 6.■ | 0.00 |
| 7. Other income (can be negative amount) | 7.■ | 753000.00 |
| 8. Total gross revenue (Add items 1 thru 7) | 8.■ | 29603161.00 |
| 9. Exclusions from gross revenue (see instructions) | 9.■ | 0.00 |
| 10. TOTAL REVENUE (item 8 minus item 9 if less than zero, enter 0) | 10.■ | 29603161.00 |

COST OF GOODS SOLD (Whole dollars only)

| | | |
|---|------|------|
| 11. Cost of goods sold | 11.■ | 0.00 |
| 12. Indirect or administrative overhead costs (Limited to 4%) | 12.■ | 0.00 |
| 13. Other (see instructions) | 13.■ | 0.00 |
| 14. TOTAL COST OF GOODS SOLD (Add items 11 thru 13) | 14.■ | 0.00 |

COMPENSATION (Whole dollars only)

| | | |
|---|------|-------------|
| 15. Wages and cash compensation | 15.■ | 18271740.00 |
| 16. Employee benefits | 16.■ | 1633659.00 |
| 17. Other (see instructions) | 17.■ | 0.00 |
| 18. TOTAL COMPENSATION (Add items 15 thru 17) | 18.■ | 19905399.00 |

Texas Comptroller Official Use Only



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|---------|--------------------------|--|--|--|--|
| VE/DE | <input type="checkbox"/> | | | | |
| PM Date | | | | | |




144198 C 280712
 TX2023 05-158-B
 Ver. 14.0 (Rev.9-16/9)

■ Tcode 13251 ANNUAL

| ■ Taxpayer number | ■ Report year | Due date | Taxpayer name |
|---|---------------|------------|-----------------|
| ***** | 2023 | 05/15/2023 | EATSTREET, INC. |
| MARGIN (Whole dollars only) | | | |
| 19. 70% revenue (item 10 X .70) | 19. ■ | | 20722213.00 |
| 20. Revenue less COGS (item 10 - item 14) | 20. ■ | | 29603161.00 |
| 21. Revenue less compensation (item 10 - item 18) | 21. ■ | | 9697762.00 |
| 22. Revenue less \$1 million (item 10 - \$1,000,000) | 22. ■ | | 28603161.00 |
| 23. MARGIN (see instructions) | 23. ■ | | 9697762.00 |
| APPORTIONMENT FACTOR | | | |
| 24. Gross receipts in Texas (Whole dollars only) | 24. ■ | | 216638.00 |
| 25. Gross receipts everywhere (Whole dollars only) | 25. ■ | | 29603161.00 |
| 26. APPORTIONMENT FACTOR (Divide item 24 by item 25, round to 4 decimal places) | 26. ■ | | 0.0073 |
| TAXABLE MARGIN (Whole dollars only) | | | |
| 27. Apportioned margin (Multiply item 23 by item 26) | 27. ■ | | 70794.00 |
| 28. Allowable deductions (see instructions) | 28. ■ | | 0.00 |
| 29. TAXABLE MARGIN (item 27 minus item 28) | 29. ■ | | 70794.00 |
| TAX DUE | | | |
| 30. Tax rate (see instructions for determining the appropriate tax rate) | | X X X | 30. ■ 0.007500 |
| 31. Tax due (Multiply item 29 by the tax rate in item 30) (Dollars and cents) | 31. ■ | | 530.95 |
| TAX ADJUSTMENTS (Dollars and cents) (Do not include prior payments) | | | |
| 32. Tax credits (item 23 from Form 05-160) | 32. ■ | | 0.00 |
| 33. Tax due before discount (item 31 minus item 32) | 33. ■ | | 530.95 |
| 34. Discount (see instructions, applicable to report years 2008 and 2009) | 34. ■ | | 0.00 |
| TOTAL TAX DUE (Dollars and cents) | | | |
| 35. TOTAL TAX DUE (item 33 minus item 34) | 35. ■ | | 530.95 |

Do not include payment if item 35 is less than \$1,000 or if annualized total revenue is less than the no tax due threshold (see instructions). If the entity makes a tiered partnership election, ANY amount in item 35 is due. Complete Form 05-170 if making a payment.

| | | |
|---|------|--|
| Print or type name STEVE ANASTASI | | Area code and phone number (866) 654-8777 |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. | | Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348 |
| sign here  | Date | |

Instructions for each report year are online at www.comptroller.texas.gov/taxes/franchise/forms/. If you have any questions, call 1-800-252-1381.

Texas Comptroller Official Use Only



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| VE/DE | | |
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| | | | | | |
|---------|--|--|--|--|--|
| PM Date | | | | | |
|---------|--|--|--|--|--|



TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

| | | |
|------------------------------|----|---|
| Total tax | \$ | 0 |
| Less: payments and credits | \$ | 0 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| No payment required | \$ | |

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the VADOT, please sign, date and return VA-8879C to our office. We will then submit the return to the VADOT. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Return VA-8879C to us by November 15, 2023.

Special Instructions:

Form 500**2022 Virginia Corporation**

Virginia Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500

Income Tax Return

Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
Do not file this form to carry back a net operating loss. Use Form 500NOLD.

Official Use Only

FISCAL or

SHORT Year Filer: **Beginning Date**_____, 2022; **Ending Date** _____☐ **Short Year Return**☐ **Change in Accounting Period**

| | | | | | |
|--|---|--|---|--|--|
| FEIN ** - ***5093 | | Name EATSTREET, INC. | | Check all that apply: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Mailing Address Change <input checked="" type="checkbox"/> Physical Address Change | |
| Mailing Address 1574 W BROADWAY ST STE 200 #PMB1005 | | | | | |
| City or Town MADISON | | State WI | ZIP Code 53713 | | |
| Physical Address (if different from Mailing Address) | | | | Entity Type Code | |
| Physical City or Town | | State | ZIP Code | | |
| | | | NAICS Code 722300 | | |
| Date Incorporated 01/01/2012 | State or Country of Incorporation WISCONSIN | | Description of Business Activity INTERNET SALES | | |
| Check Applicable Boxes | | Final Return | | Corporate Telecommunications Company | |
| <input type="checkbox"/> Consolidated - Sch. 500AC Enclosed | | <input type="checkbox"/> Final Return - Check here and applicable boxes below. | | Enter amount from Form 500T, Line 7: _____ .00 | |
| <input type="checkbox"/> Combined - Sch. 500AC Enclosed Combined / Consolidated Filers - Enter number of affiliates: _____ | | <input type="checkbox"/> Withdrawn | | Noncorporate Telecommunications Company | |
| <input type="checkbox"/> Change in Filing Status | | <input type="checkbox"/> Dissolved - No longer liable for tax. | | Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00 | |
| <input checked="" type="checkbox"/> Sch. 500A Enclosed | | Dissolved Date: _____ | | Electric Supplier Company | |
| <input type="checkbox"/> Sch. 500AB Enclosed | | <input type="checkbox"/> Merged | | Enter amount from Sch. 500EL, Line 7 or 14: _____ .00 | |
| <input type="checkbox"/> Nonprofit Corporation | | Merger Date: _____ | | Home Service Contract Provider | |
| <input type="checkbox"/> Certified Company Apportionment - Sch. 500AP Enclosed | | Merged FEIN: _____ | | Enter amount from Form 500HS, Line 10: <input type="checkbox"/> Check box if a noncorporate HSCP. _____ .00 | |
| <input type="checkbox"/> Amended Return (See instructions) Enter reason code: _____ | | <input type="checkbox"/> S Corp Effective: _____ | | | |

Questions and Related Information

A. Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.

Enter exception amount from Schedule 500AB, Line 8.

A. _____ .00**B. RESERVED FOR FUTURE USE****B.** _____

C. If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.

(1) Year of Loss _____**(2)** Federal NOL _____**(3)** Percent of federal _____

NOL used this year _____ %

FEIN _____

(If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2.

D. _____

E. Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s).

Year **E.** _____

Year _____

Year _____

F. Location of corporation's books **1574 W BROADWAY ST STE 200 #**Contact for corporation's books **STEVE ANASTASI**Contact Phone Number **866-654-8777**

**2022 Virginia
Form 500**

Page 2

FEIN
-*5093**INCOME**

| | | |
|---|----|--------------|
| 1. Federal taxable income (from enclosed federal return) | 1. | -5131799 .00 |
| 2. Total additions from Schedule 500ADJ, Section A, Line 7 | 2. | 36200 .00 |
| 3. Total (add Lines 1 and 2) | 3. | -5095599 .00 |
| 4. Total subtractions from Schedule 500ADJ, Section B, Line 10 | 4. | 914153 .00 |
| 5. Balance (subtract Line 4 from Line 3) | 5. | -6009752 .00 |
| 6. Savings and Loan Association's Bad Debt Deduction (see instructions) | 6. | .00 |
| 7. Virginia taxable income (subtract Line 6 from Line 5) | 7. | -6009752 .00 |

TAX COMPUTATION

| | | |
|---|-------|------------|
| 8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions. | | |
| (a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) | 8(a). | -48631 .00 |
| (b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f) | 8(b). | .809204 % |
| (c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) | 8(c). | .00 |
| (d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e) | 8(d). | .00 |
| 9. Income tax (6% of Line 7 or 6% of Line 8(a)) | 9. | 0 .00 |

PAYMENTS AND CREDITS

| | | |
|---|-----|-----|
| 10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B | 10. | .00 |
| 11. Adjusted corporate tax (subtract Line 10 from Line 9) | 11. | .00 |
| 12. 2022 estimated Virginia income tax payments including overpayment credit from 2021 | 12. | .00 |
| 13. Extension payment | 13. | .00 |
| 14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A | 14. | .00 |
| 15. Pass-through entity total withholding from Schedule 500ADJ, Section D | 15. | .00 |
| 16. Total payments and credits (add Lines 12 through 15) | 16. | .00 |

REFUND OR TAX DUE

| | | |
|---|-----|-----|
| 17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) | 17. | .00 |
| 18. Penalty (see instructions) | 18. | .00 |
| 19. Interest (see instructions) | 19. | .00 |
| 20. Additional charge from Form 500C, Line 17 (enclose Form 500C) | 20. | .00 |
| 21. Total due (add Lines 17 through 20) | 21. | .00 |
| 22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) | 22. | .00 |
| 23. Amount to be credited to 2023 estimated tax | 23. | .00 |
| 24. Amount to be refunded (subtract Line 23 from Line 22) | 24. | .00 |

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. → ☒

| | | |
|---|--|--|
| Date | Signature of Officer | Title CEO |
| Printed Name of Officer STEVE ANASTASI | | Phone Number 866-654-8777 |
| Print Preparer's Name and Firm Name DANIEL T. O'CONNOR, CPA BAKER TILLY US, LLP | | Preparer Phone Number 608.249.6622 |
| Date 11/09/23 | Individual or Firm, Signature of Preparer DANIEL T. O'CONNOR, CPA | Address of Preparer PO BOX 7398 MADISON, WI 53707-7398 |
| Preparer's FEIN, PTIN, or SSN **-***9910 | | Approved Vendor Code 1019 |

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

**2022 Virginia
Schedule 500ADJ****Corporation Schedule
of Adjustments**Name as shown on Virginia return **EATSTREET, INC.**FEIN **** - ***5093**

Use **Schedule 500ADJS** in addition to the Schedule 500ADJ if you are claiming more additions or subtractions than the Schedule 500ADJ allows. Refer to the Form 500 Instructions for addition and subtraction codes.

Check this box and enclose Schedule 500ADJS with your return ☐

Section A - Additions to Federal Taxable Income

- | | | | | |
|--|--------------------------|--|--|---------------------------|
| 1. Fixed date conformity addition - Depreciation | 1. <u>3699</u> .00 | | | |
| 2. Fixed date conformity addition - Other | 2. <u> </u> .00 | | | |
| 3. Taxable addition from Schedule 500AB, Line 10 | 3. <u> </u> .00 | | | |
| 4. Net income tax and other taxes that are based on, measured by, or computed with reference to net income | 4. <u>32501</u> .00 | | | |
| 5. Interest on state obligations other than Virginia | 5. <u> </u> .00 | | | |
| 6. Other Additions | | | | |
| See instructions for addition codes. | | | | |
| Code | | | | |
| 6a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> | | | | 6a. <u> </u> .00 |
| | | | | |
| | | | | |
| | | | | |
| 6b. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> | | | | 6b. <u> </u> .00 |
| | | | | |
| | | | | |
| | | | | |
| 6c. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> | | | | 6c. <u> </u> .00 |
| | | | | |
| | | | | |
| | | | | |
| 7. Total Additions. Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2 | 7. <u>36200</u> .00 | | | |

Section B - Subtractions from Federal Taxable Income

- | | |
|--|--------------------------|
| 1. Fixed date conformity subtraction - Depreciation | 1. <u> </u> .00 |
| 2. Fixed date conformity subtraction - Other | 2. <u> </u> .00 |
| 3. Income from obligations or securities of the U.S. exempt from state income taxes, but not from federal income taxes | 3. <u> </u> .00 |
| 4. Foreign dividend gross-up (IRC § 78) | 4. <u> </u> .00 |
| 5. Refund or credit of income taxes included in federal taxable income | 5. <u> </u> .00 |
| 6. Subpart F income (IRC § 951) and/or Global Intangible Low-Taxed Income (IRC § 951A) | 6. <u> </u> .00 |
| 7. Foreign source income subtraction allowed by Va. Code § 58.1-402 C 8 | 7. <u> </u> .00 |
| 8. Dividends received from corporations in which the recipient owns 50% or more of the voting stock, to the extent remaining in federal taxable income | 8. <u> </u> .00 |
| 9. Other Subtractions. See instructions for subtraction codes. | |

Certification Number

Code

| | |
|-----|--|
| 9a. | |
| 9b. | |
| 9c. | |

99

65

STATEMENT 1

- | | |
|--|-----------------------|
| 9a. | <u>68154</u> .00 |
| 9b. | <u>845999</u> .00 |
| 9c. | <u> </u> .00 |
| 10. Total Subtractions. Add Lines 1-8 and 9a-9c. Enter here and on Form 500, Line 4 | <u>914153</u> .00 |

Section C - Amended Return

If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment.

- | | |
|--|--------------------------|
| 1. Add amount paid with original return plus additional tax paid after it was filed. (Do not include amount paid from Form 500, Line 20.) | 1. <u> </u> .00 |
| 2. Add Line 1 from above and Line 16 from Form 500 and enter the total here | 2. <u> </u> .00 |
| 3. Overpayment, if any, as shown on original return or as previously adjusted | 3. <u> </u> .00 |
| 4. Subtract Line 3 from Line 2 | 4. <u> </u> .00 |
| 5. If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from Line 11 on amended Form 500. This is the tax you owe | 5. <u> </u> .00 |
| 6. Refund. If Line 11 on amended Form 500 is less than Line 4 above, subtract Line 11 on amended Form 500 from Line 4 above. This is the tax you overpaid | 6. <u> </u> .00 |

EXPLANATION OF CHANGES TO INCOME AND MODIFICATIONS

Enclose an explanation for amending return. Provide the line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and enclose any applicable schedules.

| VA 500ADJ | | SUBTRACTIONS FROM TAXABLE INCOME | STATEMENT 1 |
|--|--|----------------------------------|-------------|
| CODE AND DESCRIPTION | | CERTIFICATE NUMBER | AMOUNT |
| 99 BASIS DIFFERENCE ON DISPOSED ASSETS | | | 68,154. |
| 65 | | | 845,999. |
| TOTAL TO FORM 500ADJ - SUBTRACTIONS | | | 914,153. |

**2022 Virginia
Schedule 500FED****Corporation Schedule of
Federal Line Items**

Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return **EATSTREET, INC.**FEIN **** - ***5093****Form 1120 - Deductions and Taxable Income**

| | | | |
|---|----|----------|-----|
| 1. Federal Taxable Income before NOL and Special Deductions | 1. | -5131799 | .00 |
| 2. Net Operating Loss Deduction | 2. | | .00 |
| 3. Special Deductions | 3. | | .00 |
| 4. Federal Taxable Income after NOL and Special Deductions | 4. | -5131799 | .00 |

Form 1120, Schedule C - Dividends and Special Deductions

| | | | |
|---|----|--|-----|
| 5. Subpart F Income and/or Global Intangible Low-Taxed Income | 5. | | .00 |
| 6. Gross-Up for Foreign Taxes Deemed Paid | 6. | | .00 |

Form 1120, Schedule K or M-1

| | | | |
|------------------------------|----|--|-----|
| 7. Tax Exempt Interest | 7. | | .00 |
|------------------------------|----|--|-----|

Form 5884 - Work Opportunity Credit

| | | | |
|--|----|--|-----|
| 8. Salaries and Wages not deducted due to the WOTC | 8. | | .00 |
|--|----|--|-----|

Form 4562 - Special Depreciation Allowance and Other Depreciation

| | | | |
|---|-----|------|-----|
| 9. Special depreciation allowance for qualified property placed in service during the taxable year | 9. | | .00 |
| 10. Property subject to 168(f)(1) election | 10. | | .00 |
| 11. Other depreciation | 11. | 5226 | .00 |

Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss

| | | | |
|---|-----|--|-----|
| 12. Total: Dividends (Exclude Gross-up) | 12. | | .00 |
| 13. Total: Dividends (Gross-up) | 13. | | .00 |
| 14. Total: Inclusions (Exclude Gross-up) | 14. | | .00 |
| 15. Total: Inclusions (Gross-up) | 15. | | .00 |
| 16. Total: Interest | 16. | | .00 |
| 17. Total: Gross Rents, Royalties, and License Fees | 17. | | .00 |
| 18. Total: Gross Income from Performance of Services | 18. | | .00 |
| 19. Total: Other | 19. | | .00 |
| 20. Total: Total Gross Income or Loss from Outside the US | 20. | | .00 |

Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions

| | | | |
|---|-----|--|-----|
| 21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization | 21. | | .00 |
| 22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses | 22. | | .00 |
| 23. Total: Allocable - Expenses Related to Gross Income from Performance of Services | 23. | | .00 |
| 24. Total: Allocable - Other Allocable Deductions | 24. | | .00 |
| 25. Total: Total Allocable Deductions | 25. | | .00 |
| 26. Total: Apportioned Share of Deductions | 26. | | .00 |
| 27. Total: Net Operating Loss Deduction | 27. | | .00 |
| 28. Total: Total Deductions | 28. | | .00 |

Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income

| | | | |
|--|-----|--|-----|
| 29. Total: Total Income or (Loss) Before Adjustments | 29. | | .00 |
|--|-----|--|-----|

**2022 Virginia
Schedule 500A****Corporation Allocation and
Apportionment of Income**Name as shown on Form 500
EATSTREET, INC.FEIN
**** - ***5093**

- Check if you are - ☐ Filing a consolidated or combined return.
- ☐ A certified company conducting business in certain disadvantaged localities electing to use a modified apportionment method (enclose Schedule 500AP).
- ☐ A property information and analytics firm that has entered into a memorandum of understanding with VEDP and meets the criteria outlined in Va. Code § 58.1-422.4.

Section A - Apportionment Method

1. **Motor Carrier Mileage Factor** ☐
If an exception applies, check the applicable box below
☐ Exception 1 ☐ Exception 2
2. **Financial Corporation Cost of Performance Factor** ☐
3. **Construction Corporation Completed Contract Basis Sales Factor** ☐
4. **Railway Company Revenue Car Miles** ☐
5. **Retail Company Apportionment** ☐
6. **Debt Buyers Apportionment** ☐
7. **Manufacturer's Modified Apportionment Method Sales Factor** ☐
(a) Enter beginning date of election year _____
(b) **Wage and employment certification required each year:**
Check to certify that the average weekly wages of the full-time employees is greater than the lower of the state or local average weekly wages for its industry, and that the average annual number of full-time employees of the manufacturing company is at least 90% of the base year employment ☐
8. **Enterprise Data Center Operation** ☐
9. **Multi-Factor Formula With Double-Weighted Sales** ☒

Section B - Apportionment Computation

| | Column A Total | Column B Virginia | Column C Percentage |
|---|-------------------|----------------------|------------------------|
| 1. Single Factor Computation Motor carriers, financial corporations, construction corporations, railway companies, retail companies, debt buyers, manufacturers who elected the modified apportionment method in Section A, and certain enterprise data center operations 1 | .00 | .00 | % |
| 2. Multi-Factor Computation | | | |
| (a) Property Factor 2(a) | 5356905 .00 | 0 .00 | .000000 % |
| (b) Payroll Factor 2(b) | 23299723 .00 | 60557 .00 | .259904 % |
| (c) Sales Factor 2(c) | 28893995 .00 | 430074 .00 | 1.488455 % |
| (d) Double-Weighted Sales Factor Apportionment: Multiply the sales factor from Line 2(c) by 2 2(d) | | | 2.976910 % |
| (e) Sum of Percentages. Add Lines 2(a), 2(b), and 2(d) 2(e) | | | 3.236814 % |
| (f) Multi-Factor Percentage (Double-Weighted Sales): Divide Line 2(e) by 4, reduced by the number of factors, if any, having no denominator 2(f) | | | .809204 % |
| 3. Income Subject to Virginia Tax | | | |
| (a) Virginia Taxable Income from Form 500, Line 7 3(a) | | | -6009752 .00 |
| (b) Total Dividends (total amount of allocable income) 3(b) | | | .00 |
| (c) Nonapportionable Investment Function Income. Enter on Form 500, Line 8(c) 3(c) | | | .00 |
| (d) Add Lines 3(b) and 3(c) 3(d) | | | .00 |
| (e) Nonapportionable Investment Function Loss. Enter on Form 500, Line 8(d) 3(e) | | | .00 |
| (f) Total Nonapportionable Income. Line 3(d) minus Line 3(e) 3(f) | | | .00 |
| (g) Income Subject to Apportionment. Line 3(a) minus Line 3(f) 3(g) | | | -6009752 .00 |
| (h) Income Apportioned to Virginia. Multiply the percentage from Line 1 or Line 2(f) by Line 3(g) 3(h) | | | -48631 .00 |
| (i) Dividends Allocated to Virginia. Portion of dividends reported on Line 3(b) 3(i) | | | .00 |
| (j) Income Subject to Virginia Tax. Add Lines 3(h) and 3(i). Enter on Form 500, Line 8(a) 3(j) | | | -48631 .00 |

VA-8879C
 Virginia Department
 of Taxation

**Virginia Corporation Income Tax e-file Signature
 Authorization**
**Tax Year
 2022**

**DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
 IT MUST BE MAINTAINED IN YOUR FILES!**

| | |
|---|--------------------------|
| Corporation Name | Federal ID Number |
| EATSTREET, INC. | **-***5093 |
| Part I Tax Return Information | |
| 1. Federal Taxable Income (Form 500, Page 2, Line 1) | 1. -5,131,799. |
| 2. Virginia Taxable Income (Form 500, Page 2, Line 7) | 2. -6,009,752. |
| 3. Income tax (Form 500, Page 2, Line 9) | 3. |
| 4. Total payments and credits (Form 500, Page 2, Line 16) | 4. |
| 5. Total due (Form 500, Page 2, Line 21) | 5. |
| 6. Amount to be refunded (Form 500, Page 2, Line 24) | 6. |
| Part II Declaration and Signature Authorization of Officer | |
| <p>Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2022 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2022 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.</p> | |
| Officer's e-File PIN: check one box only | |
| <input checked="checked" type="checkbox"/> I authorize the ERO named below to enter my e-File PIN <u>12345</u> as my signature on the corporation's 2022 electronic Virginia corporation income tax return. <small>Do not enter all zeros</small> <u>BAKER TILLY US, LLP</u> | |
| ERO Firm Name | |
| <input type="checkbox"/> I will enter my e-File PIN as my signature on the corporation's 2022 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below. | |
| Your Signature _____ Date _____ | |
| Part III Certification and Authentication | |
| ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. <u>39095054321</u> <small>Do not enter all zeros</small> | |
| <p>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p> | |
| ERO's Signature <u>DANIEL T. O'CONNOR, CPA</u> Date <u>11/09/23</u> | |

Form VA-8879C (REV 9/22)

Electronic Filing PDF Attachment

Form **8990**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Limitation on Business Interest Expense Under Section 163(j)

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form8990 for instructions and the latest information.

| | |
|--|--|
| Taxpayer name(s) shown on tax return EATSTREET, INC. | Identification number 45-4385093 |
|--|--|

A If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:

Name of foreign entity _____
Employer identification number, if any _____
Reference ID number _____

B Is the foreign entity a CFC group member? See instructions ☐ Yes ☐ No

C Is this Form 8990 filed by the specified group parent for an entire CFC group? See instructions ☐ Yes ☐ No

D Has a CFC or a CFC group made a safe harbor election? If yes, see instructions for which lines of Form 8990 to complete ☐ Yes ☐ No

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section I - Business Interest Expense

| | | | |
|---|----------|-------------------|-------------------|
| 1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation | 1 | 2,819,995. | |
| 2 Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership) | 2 | | |
| 3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h)) | 3 | | |
| 4 Floor plan financing interest expense. See instructions | 4 | | |
| 5 Total business interest expense. Add lines 1 through 4 | 5 | | 2,819,995. |

Section II - Adjusted Taxable Income

Tentative Taxable Income

| | | |
|---|----------|--------------------|
| 6 Tentative taxable income. See instructions | 6 | -5,147,663. |
|---|----------|--------------------|

Additions (adjustments to be made if amounts are taken into account on line 6)

| | | | |
|--|-----------|--|--|
| 7 Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions | 7 | | ALL ADJUSTMENTS ARE INCLUDED IN LINE 6 SEE FORM 8990 ADJUSTED TAXABLE INCOME WORKPAPER |
| 8 Any business interest expense not from a pass-through entity. See instr. | 8 | | |
| 9 Amount of any net operating loss deduction under section 172 | 9 | | |
| 10 Amount of any qualified business income deduction allowed under section 199A | 10 | | |
| 11 Reserved for future use | 11 | | |
| 12 Amount of any loss or deduction items from a pass-through entity. See instructions | 12 | | |
| 13 Other additions. See instructions | 13 | | |
| 14 Total current year partner's excess taxable income (Schedule A, line 44, column (f)) | 14 | | |
| 15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) | 15 | | |
| 16 Total. Add lines 7 through 15 | 16 | | |

Reductions (adjustments to be made if amounts are taken into account on line 6)

| | | | |
|--|-----------|-----|--|
| 17 Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions | 17 | () | |
| 18 Any business interest income not from a pass-through entity. See instructions | 18 | () | |
| 19 Amount of any income or gain items from a pass-through entity. See instructions | 19 | () | |
| 20 Other reductions. See instructions | 20 | () | |
| 21 Total. Combine lines 17 through 20 | 21 | () | |
| 22 Adjusted taxable income. Combine lines 6, 16, and 21. See instructions | 22 | | |

LHA For Paperwork Reduction Act Notice, see the instructions.

223211 01-25-23

Form **8990** (Rev. 12-2022)

Section III - Business Interest Income

| | | | | |
|-----------|--|-----------|-----------|--|
| 23 | Current year business interest income. See instructions | 23 | | |
| 24 | Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d)) | 24 | | |
| 25 | Total. Add lines 23 and 24 | | 25 | |

Section IV - Section 163(j) Limitation Calculations**Limitation on Business Interest Expense**

| | | | | |
|-----------|--|-----------|-----------|--|
| 26 | Multiply the adjusted taxable income from line 22 by the applicable percentage. See instructions | 26 | | |
| 27 | Business interest income (line 25) | 27 | | |
| 28 | Floor plan financing interest expense (line 4) | 28 | | |
| 29 | Total. Add lines 26, 27, and 28 | | 29 | |

Allowable Business Interest Expense

| | | | |
|-----------|---|-----------|--|
| 30 | Total current year business interest expense deduction. See instructions | 30 | |
|-----------|---|-----------|--|

Carryforward

| | | | |
|-----------|--|-----------|-------------------|
| 31 | Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.) | 31 | 2,819,995. |
|-----------|--|-----------|-------------------|

Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

| | | | |
|-----------|--|-----------|--|
| 32 | Excess business interest expense. Enter amount from line 31 | 32 | |
|-----------|--|-----------|--|

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

| | | | |
|-----------|--|-----------|--|
| 33 | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) | 33 | |
| 34 | Subtract line 33 from line 26. (If zero or less, enter -0-.) | 34 | |
| 35 | Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) | 35 | |
| 36 | Excess taxable income. Multiply line 35 by line 22 | 36 | |

Excess Business Interest Income

| | | | |
|-----------|---|-----------|--|
| 37 | Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) | 37 | |
|-----------|---|-----------|--|

Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

| | | | |
|-----------|--|-----------|--|
| 38 | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) | 38 | |
| 39 | Subtract line 38 from line 26. (If zero or less, enter -0-.) | 39 | |
| 40 | Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) | 40 | |
| 41 | Excess taxable income. Multiply line 40 by line 22 | 41 | |

Excess Business Interest Income

| | | | |
|-----------|---|-----------|--|
| 42 | Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) | 42 | |
|-----------|---|-----------|--|

TAX RETURN FILING INSTRUCTIONS

WISCONSIN FORM 4

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

EatStreet, Inc.
1574 W Broadway st Ste 200 #PMB1005
Madison, WI 53713

Prepared By:

Baker Tilly US, LLP
PO Box 7398
Madison, WI 53707-7398

To Be Signed and Dated By:

Not applicable

Amount of Tax:

| | | |
|------------------------------|----|----|
| Total tax | \$ | 25 |
| Less: payments and credits | \$ | 50 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| Overpayment | \$ | 25 |

Overpayment:

| | | |
|------------------------------|----|----|
| Credit to your estimated tax | \$ | 25 |
| Other amount | \$ | 0 |
| Refunded to you | \$ | 0 |

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

The Wisconsin return has been prepared for electronic filing. No further action is required.

Return Must be Mailed On or Before:

Return to us by November 15, 2023.

Special Instructions:

Form **4** Wisconsin Non-Combined Corporation
Franchise or Income Tax Return**2022**For calendar year 2022 or tax year beginning MM DD YYYY and ending MM DD YYYY

Complete form using BLACK INK.

Due Date: Generally the 15th day of 4th month following close of taxable year. See instructions.

Corporation Name

EATSTREET, INC.

Number and Street

1574 W BROADWAY ST STE 200 #PMB1005

Suite Number

City

MADISON

State

WI

ZIP (+ 4 digit suffix if known)

53713

A Federal Employer ID Number

**** ***5093****D** Check ☒ if applicable and attach explanation:1 ☐ Amended return (Include Schedule AR)4 ☐ Short period - change in accounting period2 ☐ First return - new corporation or entering Wisconsin5 ☐ Short period - stock purchase or sale3 ☐ Final return - corporation dissolved or withdrew

B Business Activity (NAICS) Code

722300

C State of Incorporation and Year

WI

Enter abbreviation of state in box, or if a foreign country, enter below.

2012

YYYY

Check ☒ if applicable and see instructions:E ☒ If you have an extension of time to file. Enter federal extended due date**11 15 2023**F ☐ If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return.**MM DD YYYY**G ☐ If you have related entity expenses and are required to file Schedule RT with this return.H ☐ If this return is for an insurance company.I ☐ IRS adjustments became final during the year. Years adjusted ☐J ☐ If you filed a federal consolidated return, enter Parent Company's FEIN ☐**DO NOT USE THIS FORM IF FILING AS A COMBINED GROUP****IF NO ENTRY ON A LINE, LEAVE BLANK****ENTER NEGATIVE NUMBERS LIKE THIS -1000 NOT LIKE THIS (1000)****NO COMMAS; NO CENTS**

| | |
|---|----------------------------|
| 1 Enter the amount from Form 1120, line 28 | 1 <u>-5131799 .</u> |
| 2 Additions (from Schedule 4V, line 11) | 2 <u>39908 .</u> |
| 3 Add lines 1 and 2 | 3 <u>-5091891 .</u> |

| | |
|---|-----------------------------|
| 4 Subtractions (from Schedule 4W, line 16) | 4 <u>5598087 .</u> |
| 5 Subtract line 4 from line 3 | 5 <u>-10689978 .</u> |

| | |
|--|-----------------------------|
| 6 Total company net nonapportionable and separately apportioned income (from Form(s) N, line 8) | 6 <u>.</u> |
| 7 Subtract line 6 from line 5 | 7 <u>-10689978 .</u> |

| | |
|---|---------------------------|
| 8 Wisconsin apportionment percentage. Enter the apportionment schedule used: A <u>01</u> | 8 <u>62.0430 %</u> |
| If 100% apportionment, check (✓) the space after the arrow <input type="checkbox"/> | |
| If using separate accounting, check (✓) the space after the arrow <input type="checkbox"/> | |

| | |
|--|----------------------------|
| 9 Multiply line 7 by line 8 | 9 <u>-6632383 .</u> |
|--|----------------------------|

| | |
|---|--------------------|
| 10 Wisconsin net nonapportionable and separately apportioned income (from Form N, line 14) | 10 <u>.</u> |
|---|--------------------|

| | |
|------------------------------------|-----------------------------|
| 11 Add lines 9 and 10 | 11 <u>-6632383 .</u> |
|------------------------------------|-----------------------------|

| | |
|---|--------------------|
| 12 Loss adjustment for insurance companies (from Schedule 4I, line 20) | 12 <u>.</u> |
|---|--------------------|

| | |
|--|-----------------------------|
| 13 Add lines 11 and 12. This is the Wisconsin income before net business loss carryforwards | 13 <u>-6632383 .</u> |
|--|-----------------------------|

| | |
|--|--------------------|
| 14 Wisconsin net business loss carryforward from Form 4BL, line 30(f). Do not enter more than line 13 | 14 <u>.</u> |
|--|--------------------|

| | |
|--|-----------------------------|
| 15 Subtract line 14 from line 13. This is Wisconsin net income or loss. | 15 <u>-6632383 .</u> |
| Check if excess inclusion income from real estate mortgage investment conduit <input type="checkbox"/> | |

DO NOT STAPLE OR BIND

PAPER CLIP check or money order here

| | | | |
|-----------|---|-----------|------------------|
| 16 | Enter 7.9% (0.079) of Wisconsin net income on line 15. This is tentative gross tax | 16 | _____. |
| 17 | Tax adjustment for insurance companies (from Schedule 4I, line 26) | 17 | _____. |
| 18 | Gross tax (subtract line 17 from line 16) | 18 | _____. |
| 19 | Nonrefundable credits (from Schedule CR) | 19 | _____. |
| 20 | Subtract line 19 from line 18. If line 19 is more than line 18, enter zero (0). This is net tax | 20 | _____. |
| 21 | Economic development surcharge (see instructions) | 21 | _____ 25 . |
| 22 | Endangered resources donation (decreases refund or increases amount owed) | 22 | _____. |
| 23 | Veterans trust fund donation (decreases refund or increases amount owed) | 23 | _____. |
| 24 | Add lines 20 through 23 | 24 | _____ 25 . |
| 25 | Estimated tax payments and 2021 credit carryforward, less refund from Form 4466W | 25 | _____ 50 . |
| 26 | Wisconsin tax withheld (see instructions) | 26 | _____. |
| 27 | Refundable credits (from Schedule CR) | 27 | _____. |
| 28 | Amended Return Only - amount previously paid | 28 | _____. |
| 29 | Add lines 25 through 28 | 29 | _____ 50 . |
| 30 | Amended Return Only - amount previously refunded | 30 | _____. |
| 31 | Subtract line 30 from 29 | 31 | _____ 50 . |
| 32 | Interest, penalty, and late fee due (from Form U, line 17 or 26) If you annualized income on Form U, check (✓) the space after the arrow | 32 | _____. |
| 33 | Amount Due. If the total of lines 24 and 32 is larger than 31, subtract line 31 from the total of lines 24 and 32 | 33 | _____. |
| 34 | Overpayment. If line 31 is larger than the total of lines 24 and 32, subtract the total of lines 24 and 32 from line 31 | 34 | _____ 25 . |
| 35 | Enter amount from line 34 you want credited to 2023 estimated tax | 35 | _____ 25 . |
| 36 | Subtract line 35 from line 34. This is your refund | 36 | _____. |
| 37 | Enter total gross receipts from all activities (see instructions) | 37 | _____ 30233563 . |
| 38 | Enter total assets from federal Form 1120 | 38 | _____ 4487013 . |
| 39 | Total Wisconsin tangible property (see instructions) | 39 | _____ 344257 . |
| 40 | Total tangible property (see instructions) | 40 | _____ 344257 . |
| 41 | Total Wisconsin payroll (see instructions) | 41 | _____ 18035074 . |
| 42 | Total payroll (see instructions) | 42 | _____ 23299723 . |
| 43 | Total Wisconsin sales, receipts, or premiums included in apportionment ratio (see instructions) | 43 | _____ 35853402 . |
| 44 | Total sales, receipts, or premiums included in apportionment ratio (see instructions) | 44 | _____ 57787990 . |



45 Is the corporation the sole owner of any limited liability companies?
☐ Yes ☒ No If yes, prepare and submit Schedule DE with this return.

46 Did you include the income of the LLCs listed for item 45 in this return?
☐ Yes ☐ No

47 Did you purchase, license, lease or rent any taxable tangible personal property, certain coins and stamps, certain leased property affixed to real estate, certain digital goods, or taxable services, for storage, use or consumption in Wisconsin without paying a state sales or use tax?
☐ Yes ☒ No

48 Person to contact concerning this return:

Last name: ANASTASI First name: STEVE

Phone #: 8666548777 Fax #: N/A

49 City and state where books and records are located for audit purposes: City MADISON State WI

50 List the locations of Wisconsin operations: MADISON

51 ☐ Yes ☒ No Are any manufacturing facilities located in Wisconsin?

52 Did you file federal Schedule UTP - Uncertain Tax Position Statement with the Internal Revenue Service?
☐ Yes ☒ No If yes, enclose federal Schedule UTP with your Wisconsin tax return.

53 Did you file federal Form 8886 - Reportable Transaction Disclosure Statement with the Internal Revenue Service?
☐ Yes ☒ No If yes, enclose federal Form 8886 with your Wisconsin tax return.

Third Party Do you want to allow another person to discuss this return with the department? ☒ Yes Complete the following. ☐ No

Designee Print Designee's Name BAKER TILLY US, LLP Phone Number 608 249 6622 Personal Identification Number (PIN) 43763

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

| | | |
|--|--|-------------------------|
| Signature of Officer | Title <u>CEO</u> | Date |
| Preparer's Signature <u>DANIEL T. O'CONNOR, CPA</u> | Preparer's Federal Employer ID Number <u>** ***9910</u> | Date <u>11092023</u> |

You must file a copy of your federal return with Form 4, even if no Wisconsin activity.

If you are not filing your return electronically, make your check payable to and mail your return to:

Wisconsin Department of Revenue
PO Box 8908
Madison WI 53708-8908



Schedule

A-01Wisconsin
Department of Revenue**Wisconsin Single Sales Factor Apportionment
Data for Nonspecialized Industries**

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, 5S, or 6

Read instructions before filling in this schedule

2022

Name

EATSTREET, INC.

Identifying Number

**** ***5093**

Round amount to nearest dollar

Wisconsin**Total Company**

- 1**
- Sales of tangible personal property delivered or shipped to
-
- Wisconsin purchasers:

a Shipped from outside Wisconsin **1a** _____ .**b** Shipped from within Wisconsin **1b** _____ .

- 2**
- Sales of tangible personal property shipped from Wisconsin to:

a The federal government within Wisconsin **2a** _____ .**b** The federal government in a state where the
taxpayer would not be taxable under P.L. 86-272 **2b** _____ .**c** Purchasers in a state where the taxpayer would not be
taxable under P.L. 86-272 **2c** _____ .

- 3**
- Double throwback sales
- 3**
- _____ .

- 4**
- Total sales of tangible personal property (for Wisconsin
-
- column, add lines 1a through 3)
- 4**
- _____ .
- 4**
- _____ .

- 5**
- Gross receipts from the use of computer software if the
-
- purchaser or licensee used the software in Wisconsin
- 5**
- 17926701
- .

- 6**
- Total gross receipts from the use of computer software
- 6**
- 28893995
- .

- 7**
- Gross receipts from services provided to a purchaser who
-
- received the benefit of the service in Wisconsin
- 7**
- _____ .

- 8**
- Total gross receipts from services
- 8**
- _____ .

- 9**
- Other apportionable gross receipts:

a Sales, leases, rentals or licensing of real property **9a** _____ . **9a** _____ .**b** Sales of intangible property **9b** _____ . **9b** _____ .**c** Royalties, licensing, or allowing the use of intangible property **9c** _____ . **9c** _____ .**d** Other apportionable gross receipts not identified above **9d** 17926701 . **9d** 28893995 .**e** Total (for both columns add lines 9a through 9d) **9e** 17926701 . **9e** 28893995 .

- 10**
- For Wisconsin column, add lines 4, 5, 7, and 9e.
-
- For Total Company column, add lines 4, 6, 8, and 9e
- 10**
- 35853402
- .
- 10**
- 57787990
- .

Separate return filers and pass-through entities:

- 11**
- Divide Wisconsin column, line 10 by Total Company Column,
-
- line 10 and multiply by 100. This is the Wisconsin apportionment
-
- percentage
- 11**
- 62.0430
- %



| | | | |
|--------------------|-----------------------------|-----------------------------|---------------------------|
| 2022 Schedule A-01 | Name EATSTREET, INC. | ID Number ** ***5093 | Page 2 of 2 |
|--------------------|-----------------------------|-----------------------------|---------------------------|

Combined return filers:

Wisconsin

Total Company

| | | | | | | | |
|-----------|--|-----------|--|---|-----------|--|---|
| 12 | Enter sales included above, that are intercompany sales between combined group members | 12 | | - | 12 | | . |
| 13 | Enter sales included above, that are not included in the computation of combined unitary income | 13 | | - | 13 | | . |
| 14 | Add lines 12 and 13 for each column | 14 | | - | 14 | | . |
| 15 | Subtract line 14 from line 10 for each column | 15 | | - | 15 | | . |
| 16 | Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return | 16 | | - | 16 | | . |
| 17 | Add lines 15 and 16 for each column. Enter Wisconsin column amount on Form 6, Part III, line 1a. Total Company column amount on Form 6, Part III, line 1b | 17 | | - | 17 | | . |



Form
Wisconsin
Department of Revenue**4BL****Wisconsin Net Business Loss Carryforward
for Separate Entity Corporations****2022**

File with Wisconsin Form 4

Name
EATSTREET, INC. Federal Employer ID Number
**** ***5093****Separate Entity Corporations**

(see instructions)

| | (a) Year | (b) Loss for Tax Year in Column (a) | (c) Income for Tax Year in Column (a) | (d) Loss Used/Expired for Tax Year in Column (a) | (e) Years Losses in Column (d) Incurred | (f) Remaining Loss Available |
|----|-------------|---|---|---|---|------------------------------------|
| 1 | 1992 | | | | | |
| 2 | 1993 | | | | | |
| 3 | 1994 | | | | | |
| 4 | 1995 | | | | | |
| 5 | 1996 | | | | | |
| 6 | 1997 | | | | | |
| 7 | 1998 | | | | | |
| 8 | 1999 | | | | | |
| 9 | 2000 | | | | | |
| 10 | 2001 | | | | | |
| 11 | 2002 | | | | | |
| 12 | 2003 | | | | | |
| 13 | 2004 | | | | | |
| 14 | 2005 | | | | | |
| 15 | 2006 | | | | | |
| 16 | 2007 | | | | | |
| 17 | 2008 | | | | | |
| 18 | 2009 | | | | | |
| 19 | 2010 | | | | | |
| 20 | 2011 | | | | | |
| 21 | 2012 | 463075 | | | | 463075 |
| 22 | 2013 | 1598378 | | | | 2061453 |
| 23 | 2014 | 5290209 | | | | 7351662 |
| 24 | 2015 | 980550 | | | | 8332212 |
| 25 | 2016 | 1052729 | | | | 9384941 |
| 26 | 2017 | 1973359 | | | | 11358300 |
| 27 | 2018 | 1884423 | | | | 13242723 |
| 28 | 2019 | 2362395 | | | | 15605118 |
| 29 | 2020 | | 1472537 | -1472537 | 2012, 2013 | 14132581 |
| 30 | 2021 | 6334914 | | | | 20467495 |

Schedule

4V**Wisconsin Additions to
Federal Income****2022**Wisconsin
Department of Revenue

File with Wisconsin Form 4

Read instructions before filling in this schedule

Corporation Name

EATSTREET, INC.

Federal Employer ID Number

**** ***5093**

| | | | |
|-----------|---|------------|----------------------|
| 1 | Interest income from state and municipal obligations | 1 | _____. |
| 2 | State taxes accrued or paid | 2 | _____ 32501 . |
| 3 | Related entity expenses (from Schedule RT, Part I, Sch. 2K-1, and Sch. 3K-1) | 3 | _____. |
| 4 | Actual distributions of previously taxed income | 4 | _____. |
| 5 | Expenses related to nontaxable income | 5 | _____. |
| 6 | Basis, section 179, depreciation, amortization difference (attach schedule) STMT 1 | 6 | _____ 3699 . |
| 7 | Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (attach schedule) | 7 | _____. |
| 8 | Total additions for certain credits computed (see instructions): | | |
| 8a | Business development credit | 8a | _____. |
| 8b | Community rehabilitation program credit | 8b | _____. |
| 8c | Development zones credits | 8c | _____. |
| 8d | Economic development credit | 8d | _____. |
| 8e | Electronics and information technology manufacturing zone credit | 8e | _____. |
| 8f | Employee college savings account contribution credit | 8f | _____. |
| 8g | Enterprise zone jobs credit | 8g | _____. |
| 8h | Farmland preservation credit | 8h | _____. |
| 8i | Jobs tax credit | 8i | _____. |
| 8j | Manufacturing investment credit | 8j | _____. |
| 8k | Manufacturing and agriculture credit (computed in 2021) | 8k | _____. |
| 8l | Research credits | 8l | _____. |
| 8m | Reserved for future use | 8m | _____. |
| 8n | Total credits (add lines 8a through 8m) | 8n | _____. |
| 9 | Special additions for insurance companies (from Schedule 4I, line 4) | 9 | _____. |
| 10 | Other (list): SEE STATEMENT 2 | | |
| a | _____ | | _____. |
| b | _____ | | _____. |
| c | _____ | | _____. |
| d | _____ | | _____. |
| e | _____ | | _____. |
| f | _____ | | _____. |
| g | _____ | | _____. |
| h | _____ | | _____. |
| i | Add lines 10a through 10h | 10i | _____ 3708 . |
| 11 | Total (enter on Form 4, page 1, line 2) | 11 | _____ 39908 . |



Document Page 322 of 325
**Wisconsin Subtractions From
 Federal Income**

Schedule

4WWisconsin
Department of Revenue

File with Wisconsin Form 4

Read instructions before filling in this schedule

2022

Corporation Name

EATSTREET, INC.

Federal Employer ID Number

**** ***5093**

- 1** Wisconsin subtraction modification for dividends (from Schedule 4Y, line 4) **1** _____ .
- 2** Related entity expenses eligible for subtraction (from Schedule RT, Part II,
Sch. 2K-1, and Sch. 3K-1) **2** _____ .
- 3** Income from related entities whose expenses were disallowed
(obtain Schedule RT-1 from related entity and submit with your return) **3** _____ .
- 4** Subpart F and 965(a) income **4** _____ .
- 5** Global intangible low-taxed income (GILTI) **5** _____ .
- 6** Gross-up of foreign dividend income **6** _____ .
- 7** Nontaxable income (*attach schedule*) **7** _____ .
- 8** Foreign taxes (do not include deemed taxes) **8** _____ .
- 9** Cost depletion **9** _____ .
- 10** Basis, section 179, depreciation/amortization (*attach schedule*) **10** _____ .
- 11** Amount by which the Wisconsin basis of assets disposed of exceeds the federal
basis (*attach schedule*) **11** 68154 .
- 12** Federal wage credits **12** _____ .
- 13** Federal research credit expenses **13** _____ .
- 14** Other (list, but do not include any adjustment for nontaxable income from life insurance
operations)

| | |
|-----------------------------|---------|
| a <u>STATEMENT 3</u> | _____ . |
| b _____ | _____ . |
| c _____ | _____ . |
| d _____ | _____ . |
| e _____ | _____ . |
| f _____ | _____ . |
| g _____ | _____ . |
| h _____ | _____ . |

- i** Add lines 14a through 14h **14i** 5529933 .
- 15** Nontaxable income from life insurance operations (from Schedule 4I, line 13) **15** _____ .
- 16** Total (enter on Form 4, page 1, line 4) **16** 5598087 .



FOR YOUR RECORDS
EXTENSION PAYMENT
DO NOT FILE

FOR YOUR RECORDS

287551 10-31-22

▼ cut here ▼

CCH

2022

Form Corp-ES

Wisconsin Corporation Estimated Tax Voucher

Use this form only if your taxable year begins in 2022

Person to contact regarding payment: STEVE ANASTASI
Phone number: 8666548777

Make check payable to and mail to:

Wisconsin Department of Revenue
PO Box 3028
Milwaukee WI 53201-3028

| | | |
|---|--------------------|--------------------------|
| Federal Employer ID Number ** ***5093 | | |
| Entity Name EATSTREET, INC. | | |
| Number and Street 1574 W BROADWAY ST STE 200 #PMB1005 | | |
| City MADISON | State WI | ZIP Code 53713 |

This estimated tax payment is for:

- ☒ 2022 calendar year
☐ Fiscal year beginning _____
☐ Short taxable year beginning _____
ending _____

Payments are due by the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year and, for corporations receiving extensions, by the 15th day of the 4th month after the end of the taxable year. Exception: For fiscal years beginning in April, the first estimated tax payment is due June 15.

Amount of Payment \$ 50 .

Please do not staple your payment to this voucher.

DC-045 (R. 11-20)

| WI SCHEDULE 4V | FEDERAL DEPRECIATION\AMORTIZATION IN EXCESS OF WISCONSIN | STATEMENT 1 |
|---------------------|---|-----------------------------|
| WISCONSIN AMOUNT | FEDERAL AMOUNT | FEDERAL AMOUNT IN EXCESS |
| 137,772. | 141,471. | 3,699. |

| WI SCHEDULE 4V | OTHER ADDITIONS | STATEMENT 2 |
|--|-----------------|-------------|
| DESCRIPTION | | AMOUNT |
| DISALLOWED AMOUNT OF IRS 100% BUSINESS MEALS EXPENSE | | 3,708. |
| TOTAL TO SCHEDULE 4V, LINE 10 | | 3,708. |

| WI SCHEDULE 4W | OTHER SUBTRACTIONS | STATEMENT 3 |
|---|--------------------|-------------|
| DESCRIPTION | | AMOUNT |
| ENTERTAINMENT EXPENSES | | 1,044. |
| SECTION 174 R&D COSTS | | 2,708,894. |
| DISALLOWED BUSINESS INTEREST EXPENSE FROM FED FORM 8990 | | 2,819,995. |
| TOTAL TO SCHEDULE 4W, LINE 13 | | 5,529,933. |

Form **7004**
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.****Print
or
Type**

Name

EATSTREET, INC.

Identifying number

**** - ***5093**

Number, street, and room or suite no. (If P.O. box, see instructions.)

1574 W BROADWAY ST STE 200 #PMB1005

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

MADISON, WI 53713**Note:** File request for extension by the due date of the return. See instructions before completing this form.**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.**1** Enter the form code for the return listed below that this application is for **12**

| Application Is For: | Form Code | Application Is For: | Form Code |
|---|------------------|-----------------------------------|------------------|
| Form 706-GS(D) | 01 | Form 1120-ND (section 4951 taxes) | 20 |
| Form 706-GS(T) | 02 | Form 1120-PC | 21 |
| Form 1041 (bankruptcy estate only) | 03 | Form 1120-POL | 22 |
| Form 1041 (estate other than a bankruptcy estate) | 04 | Form 1120-REIT | 23 |
| Form 1041 (trust) | 05 | Form 1120-RIC | 24 |
| Form 1041-N | 06 | Form 1120S | 25 |
| Form 1041-QFT | 07 | Form 1120-SF | 26 |
| Form 1042 | 08 | Form 3520-A | 27 |
| Form 1065 | 09 | Form 8612 | 28 |
| Form 1066 | 11 | Form 8613 | 29 |
| Form 1120 | 12 | Form 8725 | 30 |
| Form 1120-C | 34 | Form 8804 | 31 |
| Form 1120-F | 15 | Form 8831 | 32 |
| Form 1120-FSC | 16 | Form 8876 | 33 |
| Form 1120-H | 17 | Form 8924 | 35 |
| Form 1120-L | 18 | Form 8928 | 36 |
| Form 1120-ND | 19 | | |

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a** The application is for calendar year **2022**, or tax year beginning _____, and ending _____
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation.)

| | | |
|---|----------|-----------|
| 6 Tentative total tax | 6 | 0. |
| 7 Total payments and credits. See instructions | 7 | 0. |
| 8 Balance due. Subtract line 7 from line 6. See instructions | 8 | 0. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)